

ANTIOCH NEW ENGLAND PAYROLL FORM

Check one: Faculty
 Administrative
 Administrative Associate
 Staff
 Temporary

Check one: New
 Rehire
 Change
 Cancel

Name _____

Effective Date _____

Charge Account __-20 - _____ - _____

Job Title _____

New Title

PLEASE COMPLETE THE APPROPRIATE SECTION BELOW

NEW HIRE (MONTHLY)

Annual Base Rate \$ _____
 Percentage of Time _____%

NEW HIRE/REHIRE (BI-WEEKLY)

Hourly Rate \$ _____
 Number of Hours/Week _____

SALARY ADJUSTMENT FOR CURRENT EMPLOYEE

Rate change* to: \$ _____/yr.
 Rate change to: \$ _____/hr.
 % change from: _____% to: _____%
 One time adjustment: \$ _____
 Grade level change* to: _____

Reason:

**Job description questionnaires must be completed and attached for any rate or grade level changes for nonfaculty positions.*

LEAVE OF ABSENCE

Sabbatical Renewal Leave Medical Leave Maternity/Paternity Leave of Absence Other*

From: _____ To: _____ Paid (yes/no) _____ * _____

TERMINATION

Reason

APPROVED BY

 Date

 Chair/Unit Head

 Date

 President

 Date

 Director of Human Resources