

UMass Dartmouth Student Payroll Authorization Change: *Please email completed form to: stuemployment@umassd.edu*

Placement ID#: _____ Department: _____

Student Name: _____ Student ID#: _____

HR EMPL ID: _____ Record #: _____ (Leave EMPL ID & Record # blank if student never worked on campus prior.)

Please check which position applies: FWS: _____ Hourly (Non-FWS): _____ Stipend: _____

- Complete Action Requested:**
- 1) Combo Code from _____ to _____
 - 2) Change Termination Date to: ____/____/____
Did Student Work: YES NO If yes last date worked: ____/____/____
 - 3) Change Hiring Date to: ____/____/____
 - 4) Increase Commitment Amount by: \$ _____
 - 5) Decrease Commitment Amount by: \$ _____
 - 6) Change Hours per Week to: _____
 - 7) Change Hourly Rate to: \$ _____
 - 8) Change Supervisor Name to: _____
New Supervisor Email: _____
New Supervisor Employee ID: _____
 - 9) Change Job Title to: _____
 - 10) Change Department ID to: _____
 - 11) Other Change Request: _____

Date submitted: ____/____/____ Effective Date: ____/____/____

Supervisor Name Printed: _____ Telephone #: _____

Supervisor Signature: _____ (Double-click to e-sign with Adobe PDF. Do not click "edit".)

Budgetary Signature: _____ (If required by department submitting form.)

COMMENTS: _____

For Office Use Only:

Date Received: ____/____/____
Date entered: ____/____/____ CJ: _____ FWS: _____ By: _____
Sent to HRPO on ____/____/____ By: _____

