



Associated Students, Inc.

California State University, Sacramento
6000 J Street, Sacramento, CA 95819-6011 (916) 278-5484

EMPLOYEE DATA CHANGE FORM

NAME _____ ASI EMPLOYEE ID# _____

CURRENT DEPT. _____ NAME CHANGE _____
(Must attach legal proof)

NEW ADDRESS _____

NEW PHONE # _____ NEW EMAIL _____

PAY CHANGES

EFF DATE _____ PAY RATE New \$ _____ per _____

NOTICE TO EMPLOYEE (Labor Form attached)? Old \$ _____ per _____

REASON FOR PAY CHANGE _____

JOB CHANGES

EFFECTIVE DATE _____

NEW DEPARTMENT _____ NEW JOB TITLE _____

OTHER CHANGES (benefits, etc.) _____

REASON FOR ABOVE CHANGE: _____

TERMINATIONS

TERMINATION _____
Last day worked _____ Termination date _____

TERM REASON _____ NETWORK ACCESS FORM ATTACHED?

FINAL CHECK: pick up mail check ELIGIBLE FOR REHIRE?

APPROVALS

AUTHORIZED SIGNATURE _____ DATE _____

PAYROLL/HR USE ONLY

HR _____ Exec Director/Finance _____ Payroll _____