

Employment Transaction Report (ETR)

Employment & Employee Changes

All changes in employee status must be completed in every case where there is an employee change in job classification, salary rate, job status or termination. **This form must be received by UAS Human Resources PRIOR to the effective date.** If you have any questions regarding this form, please contact Human Resources.

Section I- EMPLOYEE INFORMATION																				
Employee ID:		Requisition ID:																		
Last Name:		First Name:		Middle Initial:																
Address:		City:		Zip Code:																
Phone Number:		Email:		<input type="checkbox"/> Current UAS Employee																
Emergency Contact:		Phone Number:		<input type="checkbox"/> CSLA Faculty/Staff																
<small>All employees are required to meet federally mandated I-9 work eligibility and authorization procedures. All employees therefore must present acceptable work authorization documents in person to Human Resources-UAS no later than their first day of work as a new hire or rehire.</small>																				
Section II- EMPLOYMENT ACTION AND CLASSIFICATION																				
Effective Date:		Action Type: <input type="checkbox"/> Pay Rate Change <input type="checkbox"/> New Position <input type="checkbox"/> Position Change <input type="checkbox"/> Salary Range <input type="checkbox"/> New Hire <input type="checkbox"/> Project ID <input type="checkbox"/> Rehire <input type="checkbox"/> Additional Project <input type="checkbox"/> Termination <input type="checkbox"/> Other : _____ From: _____ To: _____																		
Employee Classification (select only one): <input type="checkbox"/> Full-time (30+ hrs/wk) <input type="checkbox"/> Student (20/hrs wk) <input type="checkbox"/> Part-time (< 29 hrs/wk) <input type="checkbox"/> Prenamed			FLSA: <input type="checkbox"/> Exempt (Salary) <input type="checkbox"/> Non-Exempt (Hourly)																	
Section III- JOB INFORMATION																				
Rate Change Reason (if app):		**Pay Rate: (Salary) Annually _____ Bi-weekly _____ Hourly _____		Proposed New Rate (if app) (Salary) Annually _____ Bi-weekly _____ Hourly: _____																
<input type="checkbox"/> Merit (attach evaluation) <input type="checkbox"/> Promotion (HR must approve) <input type="checkbox"/> Other _____		% Rate Diff current vs. proposed new rate		Hours/Week																
Job Title:																				
Position Change Reason: <input type="checkbox"/> Promotion-HR approval Req <input type="checkbox"/> Reclassification <input type="checkbox"/> Other (Specify)		Work Location: <input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus Location:		This position: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Works with minors, elderly, or disabled persons</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Has cash handling duties/access to level 1 data</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Will drive on UAS related business</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Works in a lab with access to chemicals</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	1. Works with minors, elderly, or disabled persons	<input type="checkbox"/>	<input type="checkbox"/>	2. Has cash handling duties/access to level 1 data	<input type="checkbox"/>	<input type="checkbox"/>	3. Will drive on UAS related business	<input type="checkbox"/>	<input type="checkbox"/>	4. Works in a lab with access to chemicals	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																		
1. Works with minors, elderly, or disabled persons	<input type="checkbox"/>	<input type="checkbox"/>																		
2. Has cash handling duties/access to level 1 data	<input type="checkbox"/>	<input type="checkbox"/>																		
3. Will drive on UAS related business	<input type="checkbox"/>	<input type="checkbox"/>																		
4. Works in a lab with access to chemicals	<input type="checkbox"/>	<input type="checkbox"/>																		
Live Scan Charges Account#:		Interviewer:		Position Supervisor:																
		Ext.:		Title:																
Section IV- DEPARTMENT																				
Dept/Project Name:		Director/PI: (please print) _____ Email: _____ Phone: _____																		
Budget Period: From: _____ To: _____		Resource Mgr.: (please print) _____ Email: _____ Phone: _____																		
Chart of Accounts - Provide the account the position will be charged to																				
Current Status	Fund	Organization	Account	Project ID	Program															
New Status																				
Section V- REASON FOR SEPARATION																				
Effective Date:		<input type="checkbox"/> Professional Development <input type="checkbox"/> End Temporary Appt. <input type="checkbox"/> Personal Reasons <input type="checkbox"/> Graduated <input type="checkbox"/> Dissatisfaction with Job <input type="checkbox"/> Other: _____		Requires HR Approval: <input type="checkbox"/> Job Abandonment <input type="checkbox"/> Layoff <input type="checkbox"/> Dismissal <input type="checkbox"/> Fail Rtn from Leave <input type="checkbox"/> Never Started Work																
Last Day Worked:		Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Section VI- AUTHORIZATION SIGNATURES																				
TRANSACTION IS NOT OFFICIAL WITHOUT ALL REQUIRED SIGNATURES AND FINAL HR APPROVAL																				
Employee		Date		Human Resources																
Initiating Supervisor		Date		Executive Director																
Dean/Director/Resource Manager		Date		FICA Exempt <input type="checkbox"/> Pay Class _____ WC Code _____ International Student <input type="checkbox"/> Class Code _____																
UAS/ Contracts & Grants		Date		Department to retain own copy Rev: 12/24																