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

Placement ID#: _____   **Department:** _____

Student Name: _____   **Student ID#:** _____

Is placement completed: YES   NO   **If Yes provide: HR EMPL ID:** _____   **Record #:** _____

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:** _____/_____/_____

Current Supervisor Name Printed: _____   **Telephone #:** _____

Current Supervisor Signature: _____
          (Double-click to e-sign with Adobe PDF)

For Office Use Only:

Date Received: _____/_____/_____

Date entered: _____/_____/_____   CJ:_____ FWS: _____   By: _____

Sent to HRPO on _____/_____/_____   By: _____

COMMENTS: _____

_____