California	HUMAN RESOURCES OFFICE USE ONLY
Lutheran	Received:
University	HR Approval:
<b>P</b> AYROLL AUTHORIZATION	Account Number to be charged:
Employee Name: ID#:	%
Address:	%
<ul><li>Regular</li><li>Temporary</li></ul>	Budget Authorization (if required)

CHANGE	FROM	ТО
TITLE		
GRADE		
FTE		
ΡΑΥ		
CLASSIFICATION		
EFFECTIVE DATE		
SUPERVISOR		
ALTERNATE		
SUPERVISOR		

DIRECTORY INFORMATION			
PHONE EXT.		MAIL CODE	
BUILDING		OFFICE	

REASON FOR CHANGE		
	□ FTE CHANGE	
	PROBATION PERIOD COMPLETED	
COMMENTS IF NECESSARY:		

Date: \_\_\_\_\_