

**Change of Primary Position**

**Employee Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Race:**  
White Non-Hispanic \_\_\_\_\_  
Black Non-Hispanic \_\_\_\_\_  
Indian/Alaskan \_\_\_\_\_  
Hispanic/Spanish \_\_\_\_\_  
Asian/Pacific Island \_\_\_\_\_

**Gender:**  
Male \_\_\_\_\_  
Female \_\_\_\_\_

**To be completed by Department**

Department: \_\_\_\_\_ Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Grant Funded: Y or N \_\_\_\_\_ Salary: \_\_\_\_\_

\_\_\_\_\_  
Department Head/Date

**To be completed by Human Resources**

This signature certifies receipt of a complete application package and the completion of new hire procedures.

\_\_\_\_\_  
Human Resources/Date

**To be completed by Administration**

GL Number: \_\_\_\_\_

\_\_\_\_\_  
CFO/Date

\_\_\_\_\_  
Executive Vice President/Date

\_\_\_\_\_  
President/Date

This form is to be retained in the employee's Human Resources file.