

College of Education Personnel Add/Change Request

Must be submitted PRIOR to all personnel actions.

<input type="checkbox"/> Hire (First day worked): _____ End Date: _____
Has this person ever worked for Clemson University? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLY ID (unless New Hire): _____ Home Dept _____
<input type="checkbox"/> Terminate (Last day worked): _____
<input type="checkbox"/> Change - Begin Date: _____ End Date: _____
Please give details of change: _____

EMPLOYMENT MAY NOT BEGIN PRIOR TO THIS FORM BEING APPROVED.
Completed hiring paperwork must be to College of Education HR 3 calendar days prior to actual hire date!

Employee Name: _____ Supervisor Name: _____

Job Title/Student Classification: _____

GAD Source for Graduate Student on Assistantship: _____

Student ID: _____ Graduate Student: Master PhD Hrs Enrolled: _____

Office Address: _____ Office Phone: _____ Hours per week: _____

9 Month Rate: \$ _____ 12 Month Rate: \$ _____ Hourly Rate: \$ _____

Other Pay Rate: If different from above ways to pay salary, please specify how to pay (e.g.: total for one semester, total dollars to be paid over other specified period of time, etc.)

Additional details for pay: _____

Account Number(s): _____

Supervisor/PI Signature: _____ DATE: _____

Grants Coordinator and Principal Investigator (PI) are required to sign for grant accounts.

Accountant/Grant Administrator Signature: _____ DATE: _____

Please verify accuracy of account number(s) and availability of funds.

Unit Head Signature: _____ DATE: _____