

CALIFORNIA STATE UNIVERSITY, FRESNO

AUXILIARY CORPORATIONS- TRANSACTION FORM

Association
 Foundation
 Ag Foundation
 P.F.C. _____

NEW HIRE INFORMATION					
Employee Name			Social Security Number		Date of Hire
Cost Center	Object	Subsidiary	Unit or Project Name		Phone Extension
Job Title			Supervisor		MS # Check Route
<input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	Pay Rate \$ _____	Grade (step)	Range \$ _____ to \$ _____	<input type="checkbox"/> 100% or _____ % of time	<input type="checkbox"/> Exempt or <input type="checkbox"/> Non-Exempt
Months of the Year Worked: <input type="checkbox"/> 9 (Academic) <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other: _____		Is driving a requirement for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Confidential data access? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FOR ASSOCIATION ONLY: <input type="checkbox"/> MGR I <input type="checkbox"/> MGR II <input type="checkbox"/> MGR III <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER					
BENEFITS ELIGIBILITY (Complete for New Hires and Changes to Status)					
(Check all that apply to employee)					
<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Life	<input type="checkbox"/> Supp Life (Assoc. only)	<input type="checkbox"/> Vacation
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Benefits covered 12 months				
CHANGES TO CURRENT STATUS					
<input type="checkbox"/> Reclassification	New Position _____		<input type="checkbox"/> Transfer	Effective Date _____	
<input type="checkbox"/> Promotion	New Anniversary Date _____		Department _____	_____	
<input type="checkbox"/> Increase/Decrease of Hours	From: _____ Hrs To: _____ Hrs		<input type="checkbox"/> Other	Explain: _____	
Effective Date _____			Effective Date _____		
COST CENTER CHANGES					
Old Cost Center	New Cost Center	Explain: _____			Effective Date
_____	_____	_____			_____
PAY INCREASE					
<input type="checkbox"/> Merit <input type="checkbox"/> Incentive <input type="checkbox"/> Retro	Current Pay Rate \$ _____	New Pay Rate \$ _____	New Range \$ _____ to \$ _____	Effective Date _____	
REMARKS					
APPROVALS					
(Please obtain the appropriate authorizing signature(s) for this transaction)					
Employee Signature		Title	Date	Phone	
Request Submitted By		Title	Date	Phone	
Other Approval		Title	Date		
Grant Accountant		*FOUNDATION ONLY			Date
Human Resources		Title	Date		
HUMAN RESOURCES/PAYROLL USE ONLY					
Human Resources Processed By:		Date	Payroll Processed By:	Date	
_____		_____	_____	_____	