



Employee Full Name Employee ID (if applicable) Current Supervisor

Organizational Assignment

New Hire

Are they an international student on a F-1 Visa?	Yes	No	Salary / Hourly rate: _____
			No
Will they need a background check?	Yes	No	Cost Center (ex. CC 5 digits): _____
How many hours a week are they working? _____			Work Tag (if applicable): _____
Do they have a relative who is an UCF employee?	Yes	No	Work Tag (if applicable): _____
Are they a current employee?	Yes	No	

Position Title: _____

Employee Type: _____

Effective Date: _____

End date / Graduation date (if applicable): _____

Resignation form will still be required, on this date you will receive a reminder notification

Department representative's Signature

End Job

Last day worked _____

Are they eligible for rehire? _____

Voluntary _____

Position number _____

Involuntary _____

Are they staying at UCF? Yes No

Attach resignation letter and termination paperwork

Job Change

What do you want to do? _____

Who will be the manager after the change? _____

New salary or hourly rate (if applicable): _____

Cost Center (if applicable): _____

Effective date: _____

Work Tag (if applicable): _____

Work Tag (if applicable): _____

Additional details or justification:

Department representative's signature