Lurleen B. Wallace Community College

REQUEST FOR EMPLOYMENT / STATUS CHANGE

Employee #:

Instructions for Employees: Complete Section 1 ONLY.

SECTION 1:		**EMPLOYEE INFORMATION**		
Name:			Social Security Number:	
Address:		City:	ST:	Zip:
Date of Birth:	Sex: Male ☐ Female ☐	Ethnic Origin:	Highest Degree:	
E-Mail Address:		Phone Number:	Cell Phone Number:	
Emergency Contact:		Relationship:	Emergency Phone:	
Employee currently a member of the Teachers Retirement System or Employees Retirement System: Yes ☐ No ☐ Employee retired from the Teachers Retirement System or Employees Retirement System: Yes ☐ No ☐				

Instructions for Supervisors: Complete Section 2, Section 4 (if applicable), sign, date, and return to HR.

OFFICE USE ONLY

SECTION 2:		**JOB CLASSIFICATION**
Check One: ☐ Instructional Staff ☐ Professional Staff ☐ Administrative Staff ☐ Support Staff	Check One: ☐ Full-Time ☐ Temporary ☐ Part-Time ☐ Adjunct	Campus Location: ☐ Andalusia ☐ Greenville ☐ MacArthur ☐ Luverne
Department	Position Title	
Date of Employment/Beginning Date:	Ending Date (If Temporary):	Salary Schedule _____ Rank _____ Step _____
If Hourly; $ _____ Rate Per Hour: Maximum ☐ Required ☐ Hours Per Week _____		If Adjunct; $_____ Per CR/HR
Salary in Budget Yes ☐ No ☐	Position Salary Budget Year	Account Number

SECTION 3:	**EMPLOYEE ELIGIBILITY**
Employee eligible to receive leave: Yes ☐ No ☐ If yes, leave class: _____	Employee eligible to receive health insurance: Yes ☐ No ☐
Employee eligible for membership in Teachers Retirement System:	Yes ☐ No ☐

SECTION 4:	**IF APPLICABLE**
If change of status, specify change and justification: _____ _____	

Request by: _____ _____
Immediate Supervisor's Signature & Title — Date — Dean/ V.P. (Initial)

Reviewed by: _____ _____
Human Resources Coordinator — Date — CFO (Initial)

Approved by: _____
President — Date

Revised 1-22-2018