| Employee Action Type | Employee Action Status | Primary/Secondary |
| --- | --- | --- |
| Choose an item. | Choose an item. | Choose an item. |

# EMPLOYEE INFORMATION

**Employee Name:** Type here **Employee Banner ID/User Name (if applicable):** Type here

# POSITION INFORMATION

**Start Date / Effective Date of change:** Click to enter a date.

**Position Title:** Type here **Position Number:** Type here

**Division:** Type here **Department Name:** Type here

**Campus Mailing Address – Building and Suite Number:** Type here

**Campus Office Address – Building and Office Number:** Type here

 **LCC Work Phone:** Type here **Banner Payroll Location:** Choose an item.

**Position Number(s) to be terminated (if applicable):** Type here

***Note: If this position has direct reports please email*** ***hr-support@lcc.edu*** ***with the employee name(s), Banner ID and position number for all direct reports.***

# SUPERVISOR INFORMATION

Each position at the College reports to an Administrator. What is the name of the Administrator to whom this position reports?

**Administrator Name:** Type here **Administrator Position Number:** Type here

Some positions have a timesheet approver who is different from the supervising Administrator. If that is the case of this position, what is the name of the timesheet approver?

**Timesheet Approver:** Type here **Timesheet Approver Position Number:** Type here

# COMPENSATION & BUDGET

| **Compensation** | **Annual/Hourly** | **Grade** | **Step** |
| --- | --- | --- | --- |
| **$** Type here | Choose an item. | Type here | Type here |

| **Fund** | **Org** | **Account** | **Program** | **Activity** | **Location** | **Percent (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| Type here | Type here | Type here | Type here | Type here | Type here | Type here |
| Type here | Type here | Type here | Type here | Type here | Type here | Type here |
| Type here | Type here | Type here | Type here | Type here | Type here | Type here |

**Comments** Type here**:**

# AUTHORIZATIONS

**Authorization of Form Completion**:

**DICE Member or Department Support Name:** Type here **Date:** Click or tap to enter a date.

***For HR Use Only*:**

**HR Approval Signature: Date:**