



CENTER FOR  
VETERANS  
RESEARCH AND  
EDUCATION

<b>EMPLOYEE CHANGE FORM</b>		<b>Date:</b>	
<b>Employee Name:</b>		<b>Supervisor Name:</b>	
<b>Type of Change:</b>	Salary	Title	Supervisor
One-Time Bonus	FTE	Project	Termination
Current Salary	\$	Annual Hourly	New Salary
Current FTE			\$
Current Title			Annual Hourly
Current Project #			
Current Project Title			
Current Supervisor			
<b>Effective Date of Change:</b>		<b>One-Time Bonus Amount:</b>	
Will the employee have a change in responsibilities as a result of this change?			
Has the employee received a performance review?			Date:
Briefly explain the reason for the change:			
PI Signature/Date:			
Employee Signature/Date:			
Accounting Approval:			
Executive Director Approval:			
HR Approval:			