INSTRUCTIONS

Purpose: The primary purpose of the Employee Change Form (ECF) is to request and approve personnel changes to employees. Once an employee is hired, this form is used to record changes that affect an employee's pay, benefits eligibility, or job assignment. ***Since the information on this form can affect an employee's paycheck, benefits, and time accruals it is critical that it be completed by the department accurately and in a timely manner.***

COMPLETING THE ECF:

ECFs must be completed using blue ink. Write the effective date when the change should occur in the **Effective Date** field at the top of the form

Employment Action Section: Please check or circle the reasons the ECF is being submitted. If there is a reason for the change that is not listed, indicate the reason in the **Notes** section at the bottom of the form.

Salary Change Section: Complete this section if an Employee's pay is changing. If an employee is attached to a Step and Grade Schedule, please be sure to enter the new step and grade as well as with the new salary information. If an employee is also changing unions, please indicate the new union and bargaining unit information. If no change in salary is needed, leave this section blank.

Employment Status – Indicates the employment status of the employee and whether they are actively working, on any type of a leave and if they are eligible for benefits. Status changes must be submitted any time an employee goes out on any type of a leave of absence including but not limited to: FMLA, Workers' Compensation, Military Leave. A separate ECF must be completed when an employee returns to work. The list of status codes are listed below. Please check off or circle the appropriate code or write it in the **Change to box** on the ECF.

EMPLOYEE STATUS CODES					
DESCRIPTION	**EMP-STATUS**	**DESCRIPTION**	**EMP-STATUS**	**DESCRIPTION**	**EMP-STATUS**
Active Full-time	AF	Active P-T with Ben	PB	Terminated WC No Pay No Benfts	TC
Active Intermittent Leave	AI	Active P-T No Ben	PN	Terminated Final	TF
Active Retired No Ben	AR	Retired No Pay with Ben	RB	Terminated with Pay and Ben	TP
Active Seasonal	AS	Retired with Pay/No Benefits	RN	Terminated Resigned	TR
Active Temporary	AT	Retired with Pay and Ben	RP	Terminated Vested	TV
Benefits Only - Depend/COBRA	BN	Retired with Pay No Ben-QDRO	RQ	Terminated Workers Comp Ben on	TW
Unpaid Leave with Ben	LB	Retired Teacher	RT	Unauthorized LOA Pending Actn	UL
Light Duty - WC	LD	Retired-Workers Comp	RW	Workers Comp No Pay with Ben	WB
Unpaid Leave No Ben	LN	Suspended Admin LOA Pay No Ben	SA	Workers Comp Pay No Benefit	WC
Paid Leave with Ben	LP	Suspended No Pay with Ben	SB	Workers Comp No Pay No Benefit	WN
Military Leave (No Pay w/BN)	ML	Suspended No Pay No Ben	SN	Workers Comp with Pay and Ben	WP
Military Reserve (Paid Leave)	MR	Suspended with Pay and Ben	SP	Deceased Employee or Retiree	ZD

10 Mon EE, 12 Mon EE and Seas EE – This field is used to assign Time Accruals. Please be sure to indicate if an employee is changing this classification as it will impact their time accruals and benefits.

Position/Job Change Section: Use this section if an employee is changing from one position to another within your department or if they are transferring to another department. Indicate their this is a change their primary or concurrent position. A list of City Positions and Position Numbers can be found at:

http://www.waterburyct.org/filestorage/9569/9605/9625/10372/PA202_Position_Listing_20130307.pdf

    Funding Changes: Please complete this section if there are funding changes. Please note that funding changes are processed at the system level and all employees in the same position number will be changed when the funding is updated. ECFs for all employees must be completed before this type of change can be processed. If you have any questions, please contact the HRIS department at extension 3530.

    Concurrent Positions: Acting Positions or secondary positions must be set up as concurrent positions. Please be sure to indicate that the ECF is for a concurrent position and include the Position Number and corresponding information. Monies paid for concurrent and acting positions are stipends only and will not be added to an employee's base pay. Please indicate the amount of the stipend in the **Salary Section** of the form. If an employee is working in an **Acting** capacity, please be sure to indicate their new Classification in the **EE Classification** section.

Termination Section: Please complete this section when an employee terminates for any reason including retirements and employee deaths. Please indicate if an employee is eligible for Rehire, their Sick and Vacation Days Remaining and the Last Date Worked. Please note that the Effective Date for a termination should be the last day an employee physically works unless the employee has been out on a leave of absence. In that situation, the termination date would be when the employee resigned. Please attach the Payroll Separation form along with the employee's resignation letter or disciplinary action documentation in the event of an involuntary termination.

Notes: Please indicate any additional information in the **Notes** section. Feel free to use the back side of the form if more space is needed.

Approvals: Completed By and Department Head signatures are required. Forward all original forms and corresponding documentation to the Human Resources Department.

Incomplete or unsigned forms will be returned to the Department for completion. If you have any questions on how to complete the ECF, please contact the HRIS Department at 203-346-3530

DEADLINE FOR PAPERWORK TO BE PROCESSED DURING THE CURRENT WEEK IS TUESDAY. IF PAPERWORK IS DELAYED, IT WILL BE PROCESSED THE FOLLOWING WEEK.