

**NEW HIRE REQUISITION/PAYROLL/STATUS EMPLOYEE CHANGE FORM
(R.E.C. form)**

When and how to complete this form:

- **Request to Hire** (all except Faculty)
 - Supervisor completes check box in section A, obtains approval(s) in E then sends to HR. When position is filled HR completes A, B & E
- **Current Employee Job / Status Change**
 - Supervisor complete sections A and B, obtains approval(s) in E then after approved gets employee signature in E then sends to HR
- **Change in Current Employee Personal Data**
 - Employee completes name in sections A and all that apply in D and E then sends to HR (supervisor approval is not necessary)
- **Leave of Absence Requests (LOA)**
 - Employee completes sections A and all that apply in C, obtains signatures(s) in E then sends to HR

Guidelines: It is important to keep a written document in each employee's personnel file that details the employment status / changes that occur regarding each active employee. This document should include name, title, reporting structure, and classification as it pertains to wage and hour laws and our fringe benefit program. Any time an employee experiences a change in one of these areas, it is important to complete a new form for their personnel file. Maintaining the historical data of when and why a change was made is as important as the original document completed at time of hire.

If you are ever unsure of whether or not a R.E.C form should be completed, please contact the HR department or the Payroll Department.

NEW HAMPSHIRE INSTITUTE OF ART

*NEW HIRE REQUISITION/ PAYROLL/STATUS EMPLOYEE CHANGE FORM (R.E.C.)

Section A

Employee Name		Effective Date		
New hire	Promotion	Transfer	Rate change	Termination
Request to fill open position		Employee data change		

Section B

Current Data / New Hire Requisition	Proposed Adjustment / New Hire Information
Title	Title
Dept / Schedule	Dept / Schedule
Classification (FT, PT, Salaried, Hourly, Faculty)	Classification (FT, PT, Salaried, Hourly, Faculty)
Rate of Pay	Rate of Pay

Section C

Leave of Absence Request

Medical	Personal	Sabbatical	Other
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Leave of Absence Date Range: _____

	Anticipated Start Date	Anticipated Return Date
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Approved Denied

Section D

Employee Personal Data Change

*Name Change	Address Change	Marital Status	Telephone Number
Current Information		New Information	

Section E

Supervisor's Signature	Date Signed	Management's Signature	Date Signed
Employee's Signature	Date Signed		

Above change effects benefits eligibility
* Name changes require updated SS Card

Please remit completed form to Human Resources