



Student Employment Change Form

Student Payroll Service Center ♦ 114 Phillips Hall ♦ (828)250-2352

Submit this completed change form to the Student Payroll Service Center (Phillips Hall 114) immediately when any of the following need to be changed:

Budget fund Contract start/end date Wage Supervisor Employment Other

Supervisor Signature: _____ Date: _____

Student Employee and Supervisor Information:

Student ID #: _____ Supervisor Name: _____

Student Legal Name: _____ Supervisor Phone: _____

Student UNCA Email: _____ Department: _____

Student Position Title: _____ Banner Position: _____ / _____

Budget Fund Change (NOTE: when possible, change funding on the first day of a bi-weekly pay period):

Current: Budget Fund #: _____ End Date: _____

NEW: Budget Fund #: _____ Start Date: _____

Wage(s) Change:

Current: Wages: Hourly Rate or Stipend: _____ End Date: _____

NEW: Wages: Hourly Rate or Stipend: _____ Start Date: _____

Vacated/Terminated Position(s):

Last Day of Work: _____ Voluntary Separation Involuntary Separation Graduation

Justification: _____

For an involuntary student employee termination, please refer to the Student Employment Policies and Procedures online at the Career Center website.

Student Payroll - Internal Use Only:
