CAL STATE LA UAS AUXILIARY SERVICES INC.

Employment Transaction Report (ETR)

Employment & Employee Changes

5151 State University Drive, GE 314, LA, CA 90032

All changes in employee status must be completed in every case where there is an employee change in job classification, salary rate, job status or termination. **This form must be received by UAS Human Resources *PRIOR* to the effective date.** If you have any questions regarding this form, please contact Human Resources.

Section I- EMPLOYEE INFORMATION

Employee ID:	Requisition ID:	
Last Name:	First Name:	Middle Initial:
Address:	City:	Zip Code:
Phone Number:	Email:	☐ Current UAS Employee
Emergency Contact:	Phone Number:	☐ CSLA Faculty/Staff

All employees are required to meet federally mandated I-9 work eligibility and authorization procedures. All employees therefore must present acceptable work authorization documents in person to Human Resources-UAS ***no later than their first day of work as a new hire or rehire.***

Section II- EMPLOYMENT ACTION AND CLASSIFICATION

Effective Date:

Action Type:

☐ New Position ☐ New Hire ☐ Rehire ☐ Termination

☐ Pay Rate Change ☐ Position Change ☐ Project ID ☐ Additional Project ☐ Other : _____

☐ Salary Range From: _____ To: _____

Employee Classification (select only one):

☐ Full-time (30+ hrs/wk) ☐ Part-time (< 29 hrs/wk) ☐ Student (20/hrs wk) ☐ Prenamed

FLSA:

☐ Exempt (Salary) ☐ Non-Exempt (Hourly)

Section III- JOB INFORMATION

Rate Change Reason (if app):

☐ Merit (attach evaluation)
☐ Promotion (HR must approve)
☐ Other _____

****Pay Rate:** (Salary) ****(HR must approve)**
Annually _____
Bi-weekly _____
Hourly _____

% Rate Diff current vs. proposed new rate

Proposed New Rate (if app) ****** (Salary)
Annually _____
Bi-weekly _____
Hourly: _____
****(HR must approve ALL pay rates)**

Hours/Week

Job Title:

Position Change Reason:

☐ Promotion-HR approval Req
☐ Reclassification
☐ Other (Specify)

Work Location:

☐ On-campus
☐ Off-campus
Location:

This position:

	Yes	No
1. Works with minors, elderly, or disabled persons	☐	☐
2. Has cash handling duties/access to level 1 data	☐	☐
3. Will drive on UAS related business	☐	☐
4. Works in a lab with access to chemicals	☐	☐

Live Scan Charges Account#:

Interviewer: Ext.:

Position Supervisor: Title:

Section IV- DEPARTMENT

Dept/Project Name:

Budget Period: From: _____ To: _____

Director/PI: (please print) _____ Email: _____ Phone: _____

Resource Mgr.: (please print) _____ Email: _____ Phone: _____

Chart of Accounts - Provide the account the position will be charged to

	Fund	Organization	Account	Project ID	Program
Current Status					
New Status					

Section V- REASON FOR SEPARATION

Requires HR Approval:

Effective Date:

Last Day Worked:

☐ Professional Development ☐ Personal Reasons ☐ Dissatisfaction with Job
☐ End Temporary Appt. ☐ Graduated ☐ Other: _____

Eligible for Rehire? Yes ☐ No ☐

☐ Job Abandonment ☐ Layoff ☐ Dismissal ☐ Fail Rtn from Leave ☐ Never Started Work

Section VI- AUTHORIZATION SIGNATURES

Separation

TRANSACTION IS NOT OFFICIAL WITHOUT ALL REQUIRED SIGNATURES AND FINAL HR APPROVAL

Employee	**Date**	**Human Resources**	**Date**
Initiating Supervisor	**Date**	**Executive Director**	**Date**
Dean/Director/Resource Manager	**Date**		
UAS/ Contracts & Grants	**Date**		

Pay Class _____ WC Code _____ FICA Exempt ☐ International Student ☐

Class Code _____

Department to retain own copy

Rev: 12/24