



**Business Office**

# Employee Hire, Change, Termination Form

2500 E. Nutwood Ave.  
Fullerton, CA 92831 USA  
(714) 879-3901  
FAX (714) 681-7512

Hire     Cost of Living Adjustment     Termination (must supply reason)     Formal Leave     Staff  
 Rehire     Classification Change    \_\_\_\_\_    Reason: \_\_\_\_\_     Admin.  
 Merit Increase    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_     Faculty  
 Other    \_\_\_\_\_    \_\_\_\_\_    Anticipated return date: \_\_\_\_\_     HIU Student

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Ledger Acct #: _____	HR Use Only		Comments _____ _____ _____
Job Title: _____	Benefits: Start date _____ End date _____		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time* <input type="checkbox"/> Seasonal* <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Life/Disability		
*Average hours per week: _____			
Hourly	Semi Monthly Rate	W/C Classification Code	
Base Rate			

Signatures/Approvals

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

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