

**Northwestern Connecticut Community College  
Employee Data Change Form**



**EMPLOYEE:**  
**Employee No:**

**EFFECTIVE DATE:**  
**Position No:**

**PERSONAL INFORMATION:**

	<i>OLD INFORMATION</i>	<i>NEW INFORMATION</i>
<b>Name</b>		
<b>Street Address</b>		
<b>City, State, Zip</b>		
<b>Home Telephone Number</b>		
<b>Cellular Number</b>		
<b>Personal E-Mail Address</b>		
<b>Emergency Contact Information</b> (the name & number listed here should be of someone who we can contact while you are at work):		

Employee Signature

Date

**For Office Use Only**

[**Job Actions:** \* Data Change; \*Demotion; \*Hire; \*Job Reclassification ; \*Leave of Absence; \*Paid leave of Absence;\*Pay Rate Change;\*Position; \*Promotion;\*Rehire;\*Return form Leave;\*Terminated with Benefits;\*Termination;\*Transfer]

**EMPLOYMENT INFORMATION:**

	<i>OLD INFORMATION</i>	<i>NEW INFORMATION</i>
<b>JOB ACTION</b>		
<b>Title</b>		
<b>Employee Class Code</b>		
<b>Full Time / Part Time</b>		
<b>Bargaining Unit</b>		
<b>Dean</b>		
<b>Vacation Accrual Rate</b>		
<b>Sick Leave Accrual Rate</b>		
<b>Hours Worked Per Week</b>		
<b>Compensation Plan</b>		
<b>Grade</b>		
<b>Step</b>		
<b>Approximate Annual Salary</b>		
<b>Bi-Weekly Salary</b>		
<b>Hourly Rate</b>		
<b>Working Test Period End Date</b>		

Comments

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date