

CHAMPAIGN COUNTY PERSONNEL INFORMATION **CHANGE FORM**

Transfer w/in Dept Promote Demote / Revert Wage Change Other _____

Employee Information:

Employee Name: _____ SSN: ____/____/____
Confirm Address: _____ DOB: ____/____/____
Confirm Phone: _____ Team/Peer Mentor: _____

Position Information

Effective: ____/____/____
Old Position: _____ Pay Grade: _____ Annual Hrs: _____ Hourly Wage: _____
New Position: _____ Pay Grade: _____ Annual Hrs: _____ Hourly Wage: _____
Reason for Salary Change or Recommendation: _____
Former Employee in New Position: _____ Wage: _____ Last Day: ____/____/____
Contract for the New Position: _____ FT/PT/Temp: _____

Training Information

Annual Sexual Harassment Training by: Department Online/NEOGOV AdminSvs in-person orientation Done
ADA Training: None IL Relay Counter Staff BOTH Counter Staff and IL Relay
Create/Update Training Profile In: NEOGOV MindFlash Other: _____

I.T. Requests

I.T. Requests: _____

Parking Permit Changes

Parking Space Location: _____
Vehicle #1 Make/Model: _____ License Plate: _____
Vehicle #2 Make/Model: _____ License Plate: _____

Department Authorization

Submitted: ____/____/____ By: _____
Name of Authorizing Elected Official / Department Head (initials of person completing the form)

Payroll Authorization

Approval Authority: _____ Effective: ____/____/____
Hourly Rate: _____ Bi-Weekly Rate: _____ Annual Rate: _____
Approved By: _____ Date: ____/____/____

Notes: