

CALENDAR

Today's Date:

BASIC EMPLOYEE INFORMATION

Name:

Status:

Non-Student

International Student

Domestic Student

Sex:

Male

Female

Social Security Number:

Number of Credits:

EMPLOYEE CONTACT INFORMATION

Street:

Apartment Number/Suite:

City/Town:

State:

Zip:

LCSC e-mail:

TYPE OF CHANGE

Type of Change:

New Hire

Re-Hire

Hourly Rate Change

Separation

PCN:

Title:

Department:

Hourly Rate:

Effective Date:

Accounts:

#	Fund	Function	Cost Center	%
1				
2				
3				
4				
5				

ROUTING & APPROVALS

Note: The preparer of this document is responsible for identifying all needed e-mail address. Please do not 'Print to PDF' or send a scanned copy of the PRC.

Signatory/Approver	LCSC e-mail	Digital ID Signature	Action	
			Disapprove	Approve
Originator:				
Coordinator/Department Head/Director:				
Dean/Vice President/President:				

HUMAN RESOURCES OFFICE USE ONLY

Item Changed	Old	New	Action
Rate PCN			
Pay Date			