

Student Assistant Pay Rate/Position Change - Form 117

| Student Employee Name | | | CSUB ID # | | Peoplesoft Position # | |
|------------------------------|-----------|-------------------------|---------------|------|-----------------------|--------|
| | | _ | (PR - HR Use) | | | R Use) |
| | | | | | | |
| Department Name/Area of Work | Dept ID | | Agency | Unit | Class | Serial |
| | | SCO Pay Position Number | | | | |
| | | | | | | |
| Form Completed By | Extension | | | | | |

Pay Rate Change:

| □ \$ _. | | | (New hourly rate) |
|-------------------|----------|--------|---|
| Ju | ustifica | ation: | |
| | | | |
| N | ote: | | t should have successfully completed 6 pay periods of work within the same department. Raise will be effective beginning of the next pay period after received by Payroll. |

Effective Date of Pay Rate Change:

(month/year)

Funding Change:

Position funding change:

For use when changing funding source within a department. This includes changing from Work-Study to Student Assistant Funds (to change from SA to Work-Study must use form 104 obtained from Financial Aid)

| Dept. ID | Fund | *Program | *Project | *Class | | | |
|----------|------|----------------------------|----------|--------|--|--|--|
| | | (*If required for funding) | | | | | |

Effective Date of Position Change:

(month/year)

Approvals

Department Head (Print)

Department Head Signature

Date

Note: This form is due to Payroll two weeks before time is due to be effective for current pay period. Requests received after that date will be effective with the next pay period.

Payroll Approval

Date

HR Review Initials