Bradley University   **ctl 4.15.11**
Salary Schedule New Employee/Update/Change/Exit Form

Date _____

New Employee [   ]   **Current Employee** [   ]

If new employee, complete form and call Payroll Office x4512 or
if no answer then call x 3122 with social security number.
DO NOT indicate social security number on this form.

Employee Name _____

Postion/Title _____

Division _____

Department _____

Salary Amount _____

Annual [   ]   **Other** [   ]

Full-time [   ]   **Part-time** [   ]

Funding Source _____
i.e. vacancy, grant, endowment, gifts, etc.
Please include last person in the vacant position

Account Number _____

Effective Date _____

Beginning/Start Paydate _____

Ending Paydate _____

**Special Instructions/
   Comments** _____

Authorizing signature _____
                                                    Date