

Wage/Temporary Employee Designation/Update Form For Wage Payroll Union Reporting System

****Does NOT update Workday****
Please complete a new form for each change

Please confirm the arrangement with your Human Resources Department in advance of the completion of this form. All requests need to be made in advance with a preferred one week's notice. Please remember the weeks begin on Sunday and end on Saturday.

Individual: _____ **9-digit PSU ID #:** _____

Work Unit: _____ **Budget:** _____

Start Date: _____ **Job Title/Grade:** _____

Shift: _____ **Days Off:** _____

Wage Payroll Designation: **20 hours or less** **28 Week (over 20 hours)**

Special Notes:

LEAVE OF ABSENCE OR TEMPORARY TRANSFER

Name of Employee on LOA/TT: _____

PSU ID #: _____

Work Unit: _____ Budget #: _____

Job Title/Grade: _____

Shift: _____ Days Off: _____

LOA/TT Start Date: _____ Expected End Date: _____

Coverage Start Date: _____ Coverage End Date: _____

Wage Payroll Designation: Special 20 hours or less 28 Week (over 20 hours)

Notes:

8 WEEK EXTENSION REQUEST

20 Weeks Completion Date: _____ 8 Week Extension Completion: _____

Special Notes:

CHANGE OF DESIGNATION - 20 hours/less to 28 Week (20 hours or more)

The change must be effective on a Sunday.

Date of Move to the 28 week designation: _____

Special Notes:

Supervisor Name: _____ **Today's Date:** _____