



Human Resources
 A6200 UCA, 282 Champions Way
 Tallahassee, FL 32306-2410
 Phone: 850-644-6664
 Fax: 850-645-9510

WORKGROUP CHANGE

Check the appropriate action(s) below. Submit this form and any backup paperwork to HR for processing (Mail Code 2410 or fax to the appropriate number listed below).

SECTION 1 – EMPLOYEE INFORMATION

Employee Name: _____

EMPLID: _____ Record #: _____

Department: _____

Effective Date: _____ Ending Date (if known): _____

SECTION 2 - Fax to 645-9506

_____ **Asbestos Pay (+)** _____ Verified on PD _____ Certificate received to remove Asbestos

_____ **Biohazard Pay (+)** _____ Verified on PD _____ Certificate received to remove Biohazardous Material

_____ **On-Call Pay (+)** _____ Verified on PD and approved for on-call duty

_____ **Seasonal Rate VIC (+)** _____ Approved for Seasonal Rate VIC by Visitor Info Center

_____ **Shift Pay, Intermittent (+)** _____ Verified on PD and approved for intermittent shift duty

5% 10% 15% (Health professionals)

_____ **Time Card Premium Pay (+)** _____ Approved for Time Card Premium Pay by Ringling

_____ **Time Card Supervisor Hours (+)** _____ Approved for Time Card Supervisor Hours pay by Ringling

_____ **Time Card Surveillance Operations (+)** _____ Approved for Time Card Surveillance Operations pay by Ringling

_____ **Athletics OPS (ONATH)** _____ Athletics OPS pay events separated for NCAA and Department of Education reporting for Title 9

SECTION 3 - Fax to 645-9510

_____ **Military Leave (A)** _____ Military Orders received (attach copy of military orders for training or active duty)

Request Submitted By: _____

Phone: _____

Approval Signature: Dean / Director / Department Head / Vice President

_____ Date

(For HR Use Only) Date Processed in HR _____ by _____