|  |  |  |
| --- | --- | --- |
| **Request for Personnel Hire / Change** | Date of Request: |  |
|  |  |  |  |
| **Employee Name:** |  |
| **Job Title:** |  |
| **Department:** |  |
| **Campus:** |  |
| **Submitted by:** |  |
|  |  |  |  |
| **Current Status—As of** |   | Exempt |  | Full-time |  |
|  |  | Non-exempt |  | Part-time |  | Hours/week |
| (DATE) |   |   |   |
|  |  |  |  |
| **Request Change** | **From** | **To** | **Effective Date** |
| Job Title |  |  |  |
| Rate of Pay |  |  |  |
| Status (Hours/exempt) |  |  |  |
| Department |   |   |   |
|  |  |  |  |
| Name (attach W-4) |   |   |   |
| Pension Coverage |   |   |   |
| Insurance Coverage |   |   |   |
| Resignation/Termination |   |   |  |
| **Additional Comments:** (Also -- Answer questions on second page of form.) |
|  |
|  |  |  |  |
|    |  |   |
| **Current Supervisor** |  |  |
|  |  |  |  |
|   |   |  |   |
| **Approval Signature** |  |  | **Date Approved** |

***List any other anticipated budget implications for this position such as computer/IT resources, office space/furniture needs, reimbursement account, etc.***

**Justification:**

***Explain in detail the need for the additional resources and how it will help BUMC and/or its Daughter Campuses accomplish our mission of making disciples of Jesus Christ.***

***What is the impact to BUMC and/or its Daughter Campuses if this request is not approved?***