|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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?***