



# UNIVERSITY CORPORATION AT MONTEREY BAY

100 Campus Center, Seaside, California 93955-8001

## EMPLOYMENT STATUS FORM (ESF)

(Please refer to [Instructions](#) for completing form.)

To comply with Federal record keeping laws, all changes in employee status must be completed in every case where there is an employment change in job classification, salary rate, or job status. **This form must be submitted to the Corporation's Human Resource Department prior to the employee's start date.**  
**For separation, please use [Corporation Separation form](#).**

**PERSONNEL ACTION:** (please mark one)

- New Hire Effective Date \_\_\_\_\_ (If this box is checked, notify HR ASAP.)  
(mm/dd/yy)
- Re-appointment Effective Date \_\_\_\_\_ (mm/dd/yy)
- Wage Rate Change- Reason (i.e. merit, reclass, etc...) \_\_\_\_\_
- Leave of Absence:  Personal  Medical  Education  Family Medical Leave (Please attach Employee Request for Leave Form or Doctor's note – if applicable.)
- Other Change \_\_\_\_\_ (please specify -i.e timesheet,% change, project number change, project extension, etc)

<b>Last Name:</b>	<b>First Name:</b>		
<b>Dept./Project Name:</b>	<b>Point of Contact:</b>	<b>Ext.</b>	<b>Bldg#</b>

<b>EMPLOYMENT STATUS (Benefited Employees i.e. Corp. recruited positions)</b>  <input type="checkbox"/> Regular (complete time base below) Time Base _____hrs/wk (_____% )	<b>(Non-Benefited Employees i.e. Students and EE's covered by State benefits)</b> <input type="checkbox"/> Temporary (Tem) _____ hrs/wk (_____% ) (not to exceed 900 hours) <input type="checkbox"/> CSUMB Student Assistant <input type="checkbox"/> NON-CSUMB Student Assistant <input type="checkbox"/> Faculty Additional Employment (HB-FAE) <input type="checkbox"/> Other Additional Employment (OAE) (Please note FAE are exempt.) FAE & OAE must follow 125% guidelines
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<b>Job Classification:</b> (Please refer to the classification and salary information from Corporation salary schedule.)	<b>Working Title:</b>
<b>Immediate Supervisor:</b> (please print)	<b>Ext.</b>

<b>Wage rate: Hourly \$ _____ or Monthly \$ _____ or Yearly \$ _____</b>  <b>Effective Dates: Beginning Date _____ Ending Date: _____</b> (mm/dd/yy) (mm/dd/yy)	<b>FLSA (Fair Labor Standards Act)</b> <input type="checkbox"/> Exempt (Exempt from Overtime) <input type="checkbox"/> Non- Exempt (Overtime Eligible)
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UNIT	FUND	DEPTID	Name of Project	PROJ/GRT**	CLASS	DISTRIBUTION <small>Total=100%</small>	MAX AMOUNT <small>optional</small>	End date <small>mm/dd/yy</small>	OFF GA use
MB075							\$		<input type="checkbox"/>
MB075							\$		<input type="checkbox"/>
MB075							\$		<input type="checkbox"/>
MB075							\$		<input type="checkbox"/>
MB075							\$		<input type="checkbox"/>
MB075							\$		<input type="checkbox"/>
MB075							\$		<input type="checkbox"/>
MB075							\$		<input type="checkbox"/>

\*\*If funding is provided by a grant, Grants Accounting must sign this ESF before forwarding to Human Resources.

\* Change in project

<b>1. Employee Signature:</b> (If available)	<b>Date:</b>	
<b>2. Authorizing Signature:</b>	<b>Please Print:</b>	<b>Date:</b>
<b>3. Grants Accounting (Bldg 201-111):</b>		<b>Ext.:</b>
<b>4. Human Resources: (Bldg 201-119):</b>		<b>Bldg#:</b>
		<b>Date:</b>