MC
MONTGOMERY
COLLEGE

Faculty Change Form after FLAC Upload, New Hire, or EPAF Has Been Processed

Please send this form to HRSTM Records Management for processing.

Today's Date: _____ __

Employee Name: _____   M Number:_____

Faculty Type (circle one):   Full-time Faculty   Part-time Faculty   Rank: _____

CIRCLE APPROPRIATE CHANGE REASON BELOW

1. Reason for Change: Reduction in ESH

Original ESH: _____   Reduction To: _____   Overload Total (FTF Only): _____

Overload Rate (FTF Only): _____

2. Reason for Change: Cancellation of ESH

Original ESH: _____

3. Reason for Change: Change in Rank

Original Rank: _____   Correct Rank: _____

4. Reason for Change: Other change (please explain): _____

_____

APPROVALS:

Completed By: _____   Date: _____

Approved By (Dean): _____   Date: _____

HRSTM Use Only:

Pay Period Effective Date: _____ _____ _____   Money Recover Amount (if applicable) _____

HRSTM Completed By: _____   Date_____

HRSTM Faculty Change Form 0918