

Student Change Request

USC ID:	Name: (Last, First, Middle)		
Job Code:	Empl Record (Contact Dept HR Contact):		
Dept Name:			Dept Number:
Reasons for Change:			
			Resp Code:
Item	From	To	
Salary or Hourly Rate			
Standard Hours			
Location Code			
Last Date Worked			
Department			
Supervisor Name			
Supervisor USC ID			
Job Code			
Comments			
Signatures (Please Route to Appropriate Area if Applicable)			
Department:			Date:
Print Name/Contact #:			
Graduate School:			Date:
Financial Aid:			Date:
HR Ops/Services:			Date: