

Form 7.1a

**Quarterly Employee Change Report
Civil Service to PAA**

Name of Institution: _____ Date: _____

Person Completing Report: _____ Phone: _____
Email: _____

Please complete for each Civil Service employee who has taken a PAA position.

*Employee's Name: _____
(See Note below.)

Date of Change: _____

Previous Civil
Service Classification: _____

*Department/Unit: _____
(See Note below.)

Exemption Title: _____

Exemption Category: _____

*Department/Unit: _____
(See Note below.)

Please describe the reason for change, i.e., fill new position, promotion, etc.

Was the "old" Civil Service position filled? _____ Yes _____ No
If Yes: Employee Name _____ Start Date: _____

If the "old" Civil Service position was not filled, please explain status of the position (position canceled, downgraded to lower classification, etc.).

Signature of Designated Employer Representative: _____