

EMPLOYEE GROUP CHANGE AUTHORIZATION
University of Illinois at Urbana-Champaign

Name: _____ UIN: _____

Department: _____

Classification: _____ Position Number: _____

I have accepted an academic appointment effective: _____
(academic professional, faculty, graduate assistantship, etc)

I understand that by accepting an academic appointment my seniority and other employment rights under the State Universities Civil Service System will be terminated as of the close of business on my last day of work in my Civil Service classification.

I also understand that if I am currently in a classification represented by a bargaining unit and pay union dues, dues deductions will continue unless I sign a revocation card available at Payroll Customer Service.

Name

Street

City, State, Zip Code

Home Phone Number

I certify that this change in employee group is executed by me voluntarily and of my own free will.

Signature

Date

Accepted by Staff Human Resources

Date

c: Personnel File
 Employee
 Department