Illinois Human Resources
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

# Employee Group Change Authorization

## University of Illinois Urbana-Champaign

Name:_____
UIN:_____

Civil Service Department: _____

Civil Service Classification: _____

Civil Service 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 Illinois Human Resources | Date |

c: Personnel File
Employee
Department

*Last modified: August 2020*