

EMPLOYEE INFORMATION CHANGE FORM

THIS FORM NEEDS TO BE COMPLETED FOR ALL EMPLOYEE CHANGE INFORMATION

Effective Date:		
Last Name:	First Name:	MI:
Assignment/Employee #:		

EMPLOYEE DATA

(Complete only administrative information which is being changed)

Last Name:	First Name:	MI:
Title: ___ Dr. ___ Miss ___ Mrs. ___ Ms. ___ Mr.		
Nationality: ___ US Citizen ___ Non-Citizen in US on VISA ___ Non-Citizen Not in US ___ Perm. Resident		
Visa Type:	Work Authorization Expiration Date:	
Veteran Status:	Mail Stop (Check Delivery Drop):	

SPECIAL INFO

Education Level:	Degree Expected:	Date Degree Expected:
Other Special Info: ___ Y ___ N	Specify:	

End Employment (**TERMINATION**)

Leaving Reason:	
Date of last day of work:	

ADDRESS

US Address:		
City:	State:	Zip Code:
County:	Telephone: ()	
Local (Campus) Address: Bldg:		Room Number:
Local (Campus) Telephone Number:	E-Mail Address: (Optional)	

ASSIGNMENT

Organization:	Job:	FTE:
Employment Category: ___ Exempt Regular ___ Nonexempt Regular ___ Hourly ___ Not an Employee		
Employee Category: ___ Adm ___ SP ___ Agy		

SALARY

Proposal (Effective) Date:	New Salary/Change Value:
Reason:	
For Administrative Use Only	
Retro Required? ___ No ___ Yes: If Yes, Begin Date: (dd/mmm/yy) End Date: (dd/mmm/yy)	
JCAHO ___ No ___ Yes Federal ___ Federal Flow Through ___ Non-Federal ___	

EMPLOYEE INFORMATION CHANGE FORM

LABOR DISTRIBUTION

<u>Schedule Hierarchy</u>		<u>Employee Name:</u>				<u>Total Salary:</u>	
___ Assignment ___ Element		Schedule Line Changes					
Project	Task	Award	Organization	Expend. Type	Start Date	End Date	% of Salary

TOTAL: 100%

REMARKS

APPROVALS

This assignment is consistent with sponsored program terms and conditions and with Research Foundation policies.

Project Director/Co-Project Director:

_____ (Signature) _____ (Date)

Funds are in the account for this assignment.

Operations Manager:

_____ (Signature) _____ (Date)

Employee: *(Required if Resigning Employment)*

_____ (Signature) _____ (Date)

Additional Campus Signatures as Required:

_____ (Chairperson's Signature) _____ (Date)

_____ (Dean's Signature) _____ (Date)

Input by: _____ Date: _____