



Use this example when you need to change an employees normal work obligation.

PLEASE TYPE OR PRINT CLEARLY

PP#

**A COMPLETE THIS GENERAL DATA SECTION FOR ALL PERSONNEL CHANGE ACTIONS**

ID# <b>12345</b>	Social Security No. <b>123-45-6789</b>	Last Name <b>DILBERT</b>	First Name <b>JOHN</b>	MI <b>P</b>
Effective Date (MM/DD/YY) <b>01/09/06</b>	Action Code (from back of form) <b>BB 20</b>	Type of Change (check all that apply) <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> <b>Assignment</b> <input type="checkbox"/> Grant / LD <input type="checkbox"/> Leave <input checked="" type="checkbox"/> <b>Salary</b> <input type="checkbox"/> Termination		

**B PEOPLE / ADMINISTRATIVE DATA (CHANGE)**

Last Name	First Name	MI	Type <i>Ex/ Internal</i> (for terminations)
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**C ASSIGNMENT (FROM)**

Organization / Department Name			
Job / Title	Title Code	Grade	Status <input type="checkbox"/> Active Assignment <input type="checkbox"/> Terminated <input type="checkbox"/> Paid Leave <input type="checkbox"/> Unpaid Leave
Total FTE <b>50 %</b>	Employee Group / Appointment Type <input type="checkbox"/> Regular <input type="checkbox"/> Grad <input type="checkbox"/> Undergrad	Employment Category / Pay Basis <input type="checkbox"/> E Ann <input type="checkbox"/> NE Ann <input type="checkbox"/> NE Hrly	Work Wk Bs <input type="checkbox"/> 37.5 Hr <input checked="" type="checkbox"/> <b>40 Hr</b>
Salary Basis <input type="checkbox"/> Ann <input type="checkbox"/> Hrly		GRE: TC Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

**D ASSIGNMENT (TO)**

Organization / Department Name			Department #	F1#
Job / Title	Title Code <b>R211</b>	Grade <b>N05</b>	Status <input type="checkbox"/> Active Assignment <input type="checkbox"/> Terminated <input type="checkbox"/> Paid Leave <input type="checkbox"/> Unpaid Leave	Salary Basis <input type="checkbox"/> Ann <input type="checkbox"/> Hrly
Total FTE <b>75 %</b>	Employee Group / Appointment Type <input type="checkbox"/> Regular <input type="checkbox"/> Grad <input type="checkbox"/> Undergrad	Employment Category / Pay Basis <input type="checkbox"/> E Ann <input type="checkbox"/> NE Ann <input type="checkbox"/> NE Hrly	Work Wk Bs <input type="checkbox"/> 37.5 Hr <input type="checkbox"/> 40 Hr	GRE: TC Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor		Employee Work Location (Bldg / Room / Phone)		

List what percentage they are currently at in Section C and then what they are going to in Section D.

**E SALARY**

Base	Total Salary: \$ <b>20,000</b>	Description: <b>CHG PCT</b>	This Grant (if multiple): \$	One Time Payment	Retro Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Begin Date	End Date
Chg 1	\$ <b>10,000</b>			\$	Reason: Use Description		Approved: X
Chg 2	\$				One Time Payment Description / Other Salary Comments		
Chg 3	\$						
New Base	\$ <b>30,000</b>						

**F LABOR DISTRIBUTION / ACCOUNT DATA (FROM / TERMINATION)**

Project	Task	Award	LD Pct	<input type="checkbox"/> SWR Exempt <input type="checkbox"/> SWR Nonexempt <input type="checkbox"/> SWG Exempt <input type="checkbox"/> SWG Nonexempt <input type="checkbox"/> SWU Exempt <input type="checkbox"/> SWU Nonexempt <input type="checkbox"/> SWS Exempt <input type="checkbox"/> SWS Nonexempt <input type="checkbox"/> SWR Exempt Extra Svc	
Grant #	# of Grants	Pct for this Grant	Salary for this Grant (if multiple)	End Date	

**G LABOR DISTRIBUTION / ACCOUNT DATA (ACTIVE GRANT) \*\*\*REQUIRED FOR ALL CHANGES\*\*\***


Project <b>1234567</b>	Task <b>2</b>	Award <b>458744</b>	LD Pct	<input type="checkbox"/> SWR Exempt <input type="checkbox"/> SWR Nonexempt <input type="checkbox"/> SWG Exempt <input type="checkbox"/> SWG Nonexempt <input type="checkbox"/> SWU Exempt <input type="checkbox"/> SWU Nonexempt <input type="checkbox"/> SWS Exempt <input type="checkbox"/> SWS Nonexempt <input type="checkbox"/> SWR Exempt Extra Svc	
Grant # <b>1234M</b>	# of Grants <b>1</b>	Pct for this Grant	Salary for this Grant (if multiple)	End Date	


**H OTHER CHANGES AND EXPLANATIONS**

**INCREASE IN PERCENTAGE DUE TO DEPARTMENTAL OPERATIONAL NEEDS**

**I APPROVALS**

This action is consistent with sponsored program terms and conditions and with Research Foundation policies:

Project Director/  
Authorized Designee: Jill Project (Print Name)  (Signature) 07/01/05 (Date)

Operations Manager: _____ (Signature) _____ (Date)	Department contact for questions:  Name: <b>KATHY SMITH</b> Phone: <b>x7458</b>										
Funds are in the account for this assignment: Accounting Manager: _____ (By) _____ (Date)	<table border="1"> <tr> <td>MULTIPLE FORMS</td> <td>HR / PR APPROVAL</td> <td>HRMS INPUT</td> <td>LD INPUT</td> <td>ELEMENT INPUT</td> </tr> <tr> <td>_____ of _____</td> <td>_____ (By) _____ (Date)</td> <td>_____ (By) _____ (Date)</td> <td>_____ (By) _____ (Date)</td> <td>_____ (By) _____ (Date)</td> </tr> </table>	MULTIPLE FORMS	HR / PR APPROVAL	HRMS INPUT	LD INPUT	ELEMENT INPUT	_____ of _____	_____ (By) _____ (Date)	_____ (By) _____ (Date)	_____ (By) _____ (Date)	_____ (By) _____ (Date)
MULTIPLE FORMS	HR / PR APPROVAL	HRMS INPUT	LD INPUT	ELEMENT INPUT							
_____ of _____	_____ (By) _____ (Date)	_____ (By) _____ (Date)	_____ (By) _____ (Date)	_____ (By) _____ (Date)							