



Use this example when you need to return someone to payroll from a leave without pay.

PLEASE TYPE OR PRINT CLEARLY

PP#

A COMPLETE THIS GENERAL DATA SECTION FOR ALL PERSONNEL CHANGE ACTIONS

ID# 12345	Social Security No. 123-45-6789	Last Name DILBERT	First Name JOHN	MI P	
Effective Date (MM/DD/YY) 11/12/05	<input checked="" type="checkbox"/> BOB <input type="checkbox"/> COB	Action Code (from back of form) DD 07	Type of Change (check all that apply) <input type="checkbox"/> Administrative <input type="checkbox"/> Assignment <input type="checkbox"/> Grant / LD <input checked="" type="checkbox"/> Leave <input type="checkbox"/> Salary <input type="checkbox"/> Termination		

B PEOPLE / ADMINISTRATIVE DATA (CHANGE)

Last Name	First Name	MI	Type <i>Ex/ Internal</i> (for terminations)
-----------	------------	----	---

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 checked="" type="checkbox"/> Unpaid Leave	Salary Basis <input type="checkbox"/> Ann <input type="checkbox"/> Hrlly
Total FTE 0 %	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 Hrlly		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	

D ASSIGNMENT (TO)

Organization / Department Name		Department #		F1#	
Job / Title		Title Code	Grade	Status <input checked="" 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"/> Hrlly
Total FTE 100 %	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 Hrlly		Work Wk Bs <input type="checkbox"/> 37.5 Hr <input type="checkbox"/> 40 Hr	
Supervisor			Employee Work Location (Bldg / Room / Phone)		

E SALARY

Base	Total Salary: \$ 0	Description:	This Grant (if multiple): \$	One Time Payment	Retro Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Begin Date	End Date
Chg 1	\$		\$	\$	Reason: Use Description		Approved: X
Chg 2	\$		\$	One Time Payment Description / Other Salary Comments			
Chg 3	\$		\$				
New Base	\$ 30,000		\$				

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 3321115	Task 5	Award 104863	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 # B332A	# of Grants 1	Pct for this Grant	Salary for this Grant (if multiple)	End Date	

H OTHER CHANGES AND EXPLANATIONS

RETURN FROM DISABILITY LEAVE

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] (Signature) 07/01/05 (Date)

Operations Manager: _____ (Signature) _____ (Date)	Department contact for questions: Name: KATHY SMITH Phone: x7458										
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)							