



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) 10/14/05	Action Code (from back of form) EE 02	Type of Change (check all that apply) <input type="checkbox"/> Administrative <input type="checkbox"/> Assignment <input type="checkbox"/> Grant / LD <input type="checkbox"/> Leave <input type="checkbox"/> Salary <input checked="" 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 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"/> Hrly
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 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					

D ASSIGNMENT (TO)

Organization / Department Name				Department #		F1#	
Job / Title				Title Code	Grade	Status <input type="checkbox"/> Active Assignment <input checked="" 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 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 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)			

E SALARY

<u>Total Salary:</u>	<u>Description:</u>	<u>This Grant (if multiple):</u>	One Time Payment	Retro Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Begin Date	End Date
Base \$ 21,000		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chg 1 \$		\$	(Attach Justification)	Reason: <i>Use Description</i>		Approved: X
Chg 2 \$		\$	One Time Payment Description / Other Salary Comments			
Chg 3 \$		\$				
New Base \$ 0		\$				

F LABOR DISTRIBUTION / ACCOUNT DATA (FROM / TERMINATION)

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 100 %	Salary for this Grant (if multiple) \$ 21,000	End Date 10/14/05

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

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

H OTHER CHANGES AND EXPLANATIONS

There are also additional HR Separation Forms that need to be completed by the department and the employee. Please include those forms when submitting this employee change

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: [Signature]

Name: KATHY SMITH Phone: x7458

MULTIPLE FORMS	HR / PR APPROVAL	HRMS INPUT	LD INPUT	ELEMENT INPUT
_____ of _____	_____ (By) _____ (Date)	_____ (By) _____ (Date)	_____ (By) _____ (Date)	_____ (By) _____ (Date)

Funds are in the account for this assignment:
Accounting Manager: _____ (By) _____ (Date)