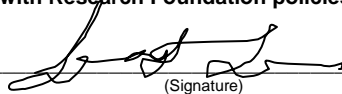




Use this example when you need to change an employee's name on payroll.

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	JOAN		MI	P		
Effective Date (MM/DD/YY)	06/01/05	<input checked="" type="checkbox"/> BOB <input type="checkbox"/> COB	Action Code (from back of form)	FF 01	Type of Change (check all that apply)									
<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Assignment <input type="checkbox"/> Grant / LD <input type="checkbox"/> Leave <input type="checkbox"/> Salary <input type="checkbox"/> Termination														
B PEOPLE / ADMINISTRATIVE DATA (CHANGE)														
Last Name					First Name					MI	Type			
SMITH					JOAN					P	Ex/ Internal (for terminations)			
C ASSIGNMENT (FROM)														
Organization / Department Name														
Job / Title				Title Code	Grade	Status				Salary Basis				
						<input type="checkbox"/> Active Assignment <input type="checkbox"/> Terminated <input type="checkbox"/> Paid Leave <input type="checkbox"/> Unpaid Leave				<input type="checkbox"/> Ann <input type="checkbox"/> Hrly GRE: TC Required <input type="checkbox"/> Yes <input type="checkbox"/> No				
Total FTE %	Employee Group / Appointment Type			Employment Category / Pay Basis			Work Wk Bs							
	<input type="checkbox"/> Regular <input type="checkbox"/> Grad <input type="checkbox"/> Undergrad			<input type="checkbox"/> E Ann <input type="checkbox"/> NE Ann <input type="checkbox"/> NE Hrly			<input type="checkbox"/> 37.5 Hr <input type="checkbox"/> 40 Hr							
D ASSIGNMENT (TO)														
Organization / Department Name										Department #		F1#		
Job / Title				Title Code	Grade	Status				Salary Basis				
						<input type="checkbox"/> Active Assignment <input type="checkbox"/> Terminated <input type="checkbox"/> Paid Leave <input type="checkbox"/> Unpaid Leave				<input type="checkbox"/> Ann <input type="checkbox"/> Hrly GRE: TC Required <input type="checkbox"/> Yes <input type="checkbox"/> No				
Total FTE %	Employee Group / Appointment Type			Employment Category / Pay Basis			Work Wk Bs							
	<input type="checkbox"/> Regular <input type="checkbox"/> Grad <input type="checkbox"/> Undergrad			<input type="checkbox"/> E Ann <input type="checkbox"/> NE Ann <input type="checkbox"/> NE Hrly			<input type="checkbox"/> 37.5 Hr <input type="checkbox"/> 40 Hr							
Supervisor					Employee Work Location (Bldg / Room / Phone)									
E SALARY														
Total Salary:		Description:		This Grant (if multiple):		One Time Payment		Retro Required	Begin Date	End Date				
Base	\$			\$		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Chg 1	\$			\$		\$		Reason: Use Description		Approved: X				
Chg 2	\$			\$		\$		One Time Payment Description / Other Salary Comments						
Chg 3	\$			\$		\$								
New Base	\$			\$		\$								
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		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									
1234567	2		458744											
1234M	1													
H OTHER CHANGES AND EXPLANATIONS														
I APPROVALS														
This action is consistent with sponsored program terms and conditions and with Research Foundation policies:														
Project Director/ Authorized Designee: Jill Project					 (Signature)				07/01/05					
Operations Manager: _____ (Signature) _____ (Date)					Department contact for questions:									
Funds are in the account for this assignment:					Name: KATHY SMITH Phone: x7458									
Accounting Manager: _____ (By) _____ (Date)					MULTIPLE FORMS		HR / PR APPROVAL		HRMS INPUT		LD INPUT		ELEMENT INPUT	
					_____ of _____		_____ (By) _____ (Date)		_____ (By) _____ (Date)		_____ (By) _____ (Date)		_____ (By) _____ (Date)	