ORACLE INFORMATION CHANGE FORM FOR ADDITIONAL JOBS

THIS FORM NEEDS TO BE COMPLETED FOR ALL PEOPLE CHANGE INFORMATION

Effective Date: (dd/mmm/yy)		
Last Name:	**First Name:**	**Middle Name:**
Employee #:		

PEOPLE DATA
(Complete ONLY if information is being changed)

Last Name:	**First Name:**	**Middle Name:**
Title: ___Dr. ___Miss ___Mr. ___Mrs. ___Ms.	**Gender:**___ M ___ F	**Type:** *Internal*
Birth Date :(dd/mmm/yy)		

Nationality: ____US Citizen ___Non-Citizen in US on VISA ___Non-Citizen Not in US ___Permanent Resident

Ethnic Origin: (select all that apply) American Indian or Alaskan Native ____, Asian ___, Black or African American ___, Hispanic or Latino ___, Native Hawaiian or Other Pacific ___, White ___

Further Name:		
I-9 Status: __Yes __No __Pending __ Not Required __ Not Applicable	**Visa Type:**	**I-9 Expiration Date:**
Veteran Status:	**New Hire:**	
Mail Stop (Check Delivery Drop):	**Correspondence Language:**	
E-Verify Status:	**Date Authorized:**	**Case Verification #:**

SPECIAL INFO

Education Level:	**Degree Expected:**	**Date Degree Expected:** (dd/mmm/yy)
Other Special Info: ___Y ___N	**Specify:**	

TERMINATION INFORMATION

Termination Date: (dd/mmm/yy)
Termination Reason:

ADDRESS (Complete ONLY if information is being changed)

US Address (Primary Address in United States):		
City:	**State:**	**Zip Code:**
County:	**Country:**	
Type:	**Primary: Y** (this should be checked on the US address)	
Telephone: ( )		
E-Mail Address:		
Address 2: ___US ___Foreign		
City:	**State:**	**Zip Code:**
County:	**Country:**	
Type:	**Primary: N**	**Telephone: ( )**

ASSIGNMENT (Complete ONLY if information is being changed)

Organization:	**Op. Location:**	**Group:**
Effort Reporting Status: N/A = Not Applicable		
Job:	**Grade:**	**Payroll:** *Biweekly*
Location:	**Status:**	
Assignment Category: _____ Exempt Regular _____ Nonexempt Regular _____ Hourly _____ Not an Employee		
Supervisor: _____ **Employee Category:**_____ Adm_____ SP_____ Agy		
Work Week Basis: _____ 37 ½ hours ____ 40 hours | Hourly-Benefit Eligible ___Y _____N		
Salary Basis:	**FTE:**	**Work Region:** **Appointment Type:**

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NAME:	Employee#:

SALARY

Proposal (Effective) Date:(dd/mmm/yy)	**Rate _____ or Annual Salary _____ or Period Salary_____**

Approved: *X*	**Reason:**

Retro Required? ___No ___Yes: Begin Date: (dd/mmm/yy)   Retro End Date: (dd/mmm/yy)

ELEMENT INFORMATION

Reg Salary Two____   Period Salary Two____   Reg Wages One____   Reg Wages Two____   Reg Wages Three____

Job Name:	**Grade:**	**Organization:**	**Supervisor:**

Work Region:

Input by:	Date:

LABOR DISTRIBUTION

Schedule Hierarchy
___Assignment   ___Element

Schedule Line Changes

Project	Task	Award	Organization	Expenditure Type	LD Start Date	LD End Date	%

*NOTE: The PTAEO for hourly employees must be submitted on the Hourly Employee Time Report.

OTHER CHANGES AND EXPLANATIONS

Input by:	Date:

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)

Additional Campus Signatures as Required

_____
(Signature)   (Date)

_____
(Signature)   (Date)