

## ORACLE INFORMATION CHANGE FORM

**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 administrative information which is being changed)

|   |                        |                                    |                          |                      |  |
|---|------------------------|------------------------------------|--------------------------|----------------------|--|
| Last Name:  |                        | First Name:                        |                          | Middle Name:         |  |
| Title: <u>Dr.</u> <u>Miss</u> <u>Mr.</u> <u>Mrs.</u> <u>Ms.</u> <u>Mx.</u>  | Sex: <u>M</u> <u>F</u> | Gender: <u>M</u> <u>F</u> <u>X</u> |                          |                      |  |
| Birth Date :(dd/mmm/yy)   |                        |                                    | Type: <i>Internal</i>    |                      |  |
| Nationality: <u>US Citizen</u> <u>Non-Citizen in US on VISA</u> <u>Non-Citizen Not in US</u> <u>Permanent Resident</u>  |                        |                                    |                          |                      |  |
| 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 ____, Two or More Races ____ |                        |                                    |                          |                      |  |
| Chosen or Preferred First Name:   |                        |                                    |                          |                      |  |
| I-9 Status:   |                        | 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: <u>Y</u> <u>N</u> | Specify:         |                                  |

### TERMINATION INFORMATION

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

### ADDRESS

|  |  |                |
|--|--|----------------|
| US Address (Primary Address in United States): |  |                |
| City:  | State:   | Zip Code:      |
| County:  | Country: United States                                       |                |
| Type:  | Primary: <u>Y</u> (this should be checked on the US address) |                |
| Telephone: ( )                                 |  |                |
| E-Mail Address:                                |  |                |
| Address 2: <u>US</u> <u>Foreign</u>            |  |                |
|  |  |                |
| City:  | State:   | Zip Code:      |
| County:  | Country:   |                |
| Type:  | Primary: <u>N</u>  | Telephone: ( ) |

### ASSIGNMENT

|  |   |                          |
|--|---|--------------------------|
| Organization:                                      | Op. Location:                             | Group:                   |
| Effort Reporting Status: N/A = Not Applicable      |   |                          |
| Job:   | Grade:                                    | Payroll: <i>Biweekly</i> |
| Location:  | Status:                                   |                          |
| Assignment Category:                               |   |                          |
| Supervisor:  | Employee Category:                        |                          |
| Work Week Basis: <u>37 ½ hours</u> <u>40 hours</u> | Hourly-Benefit Eligible <u>Y</u> <u>N</u> |                          |
| Salary Basis:                                      | FTE:                                      | Work Region:             |
|  |   | Appointment Type:        |

## ORACLE INFORMATION CHANGE FORM

|              |             |
|--------------|-------------|
| <b>NAME:</b> | Employee #: |
|--------------|-------------|

### SALARY

|  |   |
|--|---|
| <b>Proposal (Effective) Date:(dd/mmm/yy)</b>                                     | <b>New /Change Value:</b>                                       |
| <b>Approved: X</b>   | <b>Reason:</b>  |
| <b>Retro Required? <input type="checkbox"/> No <input type="checkbox"/> Yes:</b> | <b>Begin Date: (dd/mmm/yy)      Retro End Date: (dd/mmm/yy)</b> |

|           |       |
|-----------|-------|
| 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 PTAE0 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)