

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: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Type: <i>Internal</i>			
Social Security #:			Birth Date :(dd/mmm/yy)		
Nationality: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen in US on VISA <input type="checkbox"/> Non-Citizen Not in US <input type="checkbox"/> Permanent Resident					
Ethnic Origin: (select all that apply) American Indian or Alaskan Native <input type="checkbox"/> , Asian <input type="checkbox"/> , Black or African American <input type="checkbox"/> , Hispanic or Latino <input type="checkbox"/> , Native Hawaiian or Other Pacific <input type="checkbox"/> , White <input type="checkbox"/>					
Further Name:					
I-9 Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Not Required <input type="checkbox"/> 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: <input type="checkbox"/> Y <input type="checkbox"/> N	Specify:	

TERMINATION INFORMATION

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

ADDRESS

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

ASSIGNMENT

Organization:	Op. Location:	Group:
Effort Reporting Status: N/A = Not Applicable		
Job:	Grade:	Payroll: <i>Biweekly</i>
Location:	Status:	
Assignment Category: <input type="checkbox"/> Exempt Regular <input type="checkbox"/> Nonexempt Regular <input type="checkbox"/> Hourly <input type="checkbox"/> Not an Employee		
Supervisor: _____ Employee Category: <input type="checkbox"/> Adm <input type="checkbox"/> SP <input type="checkbox"/> Agy		
Work Week Basis: <input type="checkbox"/> 37 ½ hours <input type="checkbox"/> 40 hours Hourly-Benefit Eligible <input type="checkbox"/> Y <input type="checkbox"/> N		
Salary Basis:	FTE:	Work Region: Appointment Type:

ORACLE INFORMATION CHANGE FORM

NAME:	Employee #:	SSN:
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SALARY

Proposal (Effective) Date:(dd/mmm/yy)	New /Change Value:
Approved: X	Reason:
Retro Required? ___No ___Yes: Begin Date: (dd/mmm/yy)	Retro End Date: (dd/mmm/yy)

Input by:	Date:
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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:
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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)