



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
Social Security #: 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 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 1/2 hours 40 hours Hourly-Benefit Eligible Y N
Salary Basis: FTE: Work Region: Appointment Type:



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NAME: Employee #: SSN:

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

Table with columns: Project, Task, Award, Organization, Expenditure Type, LD Start Date, LD End Date, %. Includes sub-headers for Schedule Hierarchy and Schedule Line Changes.

\*NOTE: The PTAE0 for hourly employees must be submitted on the Hourly Employee Time Report.

OTHER CHANGES AND EXPLANATIONS

Empty box for 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)