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: ___ Dr. ___ Miss ___ Mr. ___ Mrs. ___ Ms. ___ Mx.   **Sex:** ___ M ___ F   **Gender:** ___ M ___ F ___ X

Birth Date :(dd/mmm/yy)   **Type:** *Internal*

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 ____ , 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: ___ Y ___ 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:** United States	
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

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

ORACLE INFORMATION CHANGE FORM

NAME:	Employee #:

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:

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)