

## 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>	Gender: <u>M</u> <u>F</u>	Type: <i>Internal</i>			
Birth Date :(dd/mmm/yy)					
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 __					
Further Name:					
I-9 Status: <u>Yes</u> <u>No</u> <u>Pending</u> <u>Not Required</u> <u>Not Applicable</u>		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:	
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:	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 <u>Y</u> <u>N</u>	
Salary Basis:	FTE:	Work Region:
Appointment Type:		

## ORACLE INFORMATION CHANGE FORM

<b>NAME:</b>	Employee #:
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**SALARY**

<b>Proposal (Effective) Date:(dd/mmm/yy)</b>	<b>New /Change Value:</b>
<b>Approved: X</b>	<b>Reason:</b>
<b>Retro Required?    No    Yes:</b>	<b>Begin Date: (dd/mmm/yy)                      Retro End Date: (dd/mmm/yy)</b>

Input by:	Date:
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**LABOR DISTRIBUTION**

<b>Schedule Hierarchy</b>							
__ Assignment		__ Element					
<b>Schedule Line Changes</b>							
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:

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(Signature)
(Date)

Funds are in the account for this assignment.

Operations Manager:

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(Signature)
(Date)

Additional Campus Signatures as Required

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(Signature)
(Date)

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(Signature)
(Date)