

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.		Gender: ___ M ___ F		Type: <i>Internal</i>				
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 ____								
I-9 Status: ___ Yes ___ No ___ Pending ___ Not Required ___ 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: ___ 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:				
Type:			Primary: <u>Y</u> (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: <i>Biweekly</i>		
Location:			Status:					
Assignment Category: _____ Exempt Regular _____ Nonexempt Regular _____ Hourly _____ Not an Employee								
Supervisor:								
Work Week Basis: ___ 37 ½ hours ___ 40 hours			Hourly-Benefit Eligible ___ Y ___ N					
Timecard Required: ___ Y ___ N			Salary Basis:				FTE:	

ORACLE INFORMATION CHANGE FORM

NAME:	Employee #:	SSN:
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SALARY

Proposal (Effective) Date:(dd/mmm/yy)	New /Change Value:
Approved: <input checked="" type="checkbox"/> Reason:	
Retro Required? <input type="checkbox"/> No <input type="checkbox"/> 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

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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)
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Funds are in the account for this assignment.

Operations Manager:
or Designee

(Signature)	(Date)
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Additional Campus Signatures as Required

(Signature)	(Date)
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(Signature)	(Date)
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