

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

NAME:	Employee #:
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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)