



## 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:
Social Security #:		

### PEOPLE DATA

(Complete ONLY administrative information which is being changed)

Last Name:	First Name:	Middle Name:
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Type: <i>Internal</i>
Social Security #:	Birth Date :(dd/mmm/yy)	
Nationality: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen in US on VISA <input type="checkbox"/> Non-Citizen Not in US <input type="checkbox"/> Permanent Resident		
Mail To: <input type="checkbox"/> Home <input type="checkbox"/> Office	Ethnic Origin: American Indian or Alaska Native(Not Hispanic or Latino) ____, Asian (Not Hispanic or Latino) ____, Black or African American (Not Hispanic or Latino) ____, Hispanic or Latino, Native Hawaiian/Other Pacific Islander(Not Hispanic or Latino) ____, Two or More Races(Not Hispanic or Latino) ____, White(Not Hispanic or Latino) ____,	
I-9 Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Not Required <input type="checkbox"/> 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: <input type="checkbox"/> Y <input type="checkbox"/> 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: <input type="checkbox"/> Y (this should be checked on the US address)	
Telephone: ( )		
E-Mail Address:		
Address 2: <input type="checkbox"/> US <input type="checkbox"/> Foreign		
City:	State:	Zip Code:
County:	Country:	
Type:	Primary: <input type="checkbox"/> N	Telephone: ( )

### ASSIGNMENT

Organization:	Op. Location:	Group:
Effort Reporting Status: <input type="checkbox"/> E = Exempt <input type="checkbox"/> N = Non-Exempt <input type="checkbox"/> N/A = Not Applicable		
Job:	Grade:	Payroll: <i>Biweekly</i>
Location:	Status:	
Assignment Category: <input type="checkbox"/> Exempt Regular <input type="checkbox"/> Nonexempt Regular <input type="checkbox"/> Hourly <input type="checkbox"/> Not an Employee		
Supervisor:		
Work Week Basis: <input type="checkbox"/> 37 1/2 hours <input type="checkbox"/> 40 hours		
Timecard Required: <input type="checkbox"/> Y <input type="checkbox"/> N	Salary Basis:	FTE:



## ORACLE INFORMATION CHANGE FORM

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

Proposal (Effective) Date:(dd/mmm/yy)	New /Change Value:
Approved: <i>X</i>	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 (Do NOT use for hourly employees\*)

<u>Schedule Hierarchy</u>							
__ 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

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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:

(Signature)	(Date)
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Additional Campus Signatures as Required

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