

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: <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 | | | | | | | | |
| Ethnic Origin: (select all that apply) American Indian or Alaskan Native <input type="checkbox"/> , Asian <input type="checkbox"/> , Black or African American <input type="checkbox"/> , Hispanic or Latino <input type="checkbox"/> , Native Hawaiian or Other Pacific <input type="checkbox"/> , White <input type="checkbox"/> | | | | | | | | |
| 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: <u>Y</u> (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: N | Telephone: () |

ASSIGNMENT

| | | | | | |
|--|--|---------------|--|--------|--------------------------|
| Organization: | | Op. Location: | | Group: | |
| Effort Reporting Status: 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: | | | Employee Category: <input type="checkbox"/> Adm <input type="checkbox"/> SP <input type="checkbox"/> Agy | | |
| Work Week Basis: <input type="checkbox"/> 37 ½ hours <input type="checkbox"/> 40 hours Hourly-Benefit Eligible <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| | | | Salary Basis: | | FTE: |

ORACLE INFORMATION CHANGE FORM

| | | |
|--------------|-------------|------|
| NAME: | Employee #: | SSN: |
|--------------|-------------|------|

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: |
|-----------|-------|

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: |
|-----------|-------|

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)