

Prefix	Employee Last Name	Employee First Name	MI	Employee ID	Visa/Status (if applicable)
--------	--------------------	---------------------	----	-------------	-----------------------------

1. Use this form to make changes to the current position ***not for student employment changes***.
2. Submit this form to the Budget Office at least two weeks prior to the effective date of the change.
3. Please complete all applicable fields. Incomplete forms will be returned.

PP	Retro	Date	Trans	Info	APV
COPIES: <input type="checkbox"/> PR <input type="checkbox"/> BEN <input type="checkbox"/> TIME <input type="checkbox"/> OPS <input type="checkbox"/> LTR <input type="checkbox"/> BUDGET					

Classified Professional (use [HRM-4](#) for GA/TA/RA changes)

Line	<input type="checkbox"/> PSR <input type="checkbox"/> TS	Funding Account	Check Drop	Department
------	---	-----------------	------------	------------

Supervisor Name	Appointment Contact (if not supervisor)	Contact Phone Number
-----------------	---	----------------------

Budget Title	Campus Title (if applicable)
--------------	------------------------------

1: EXTENSION of TEMP APPOINTMENT or RENEWAL of UUP TERM APPOINTMENT

Appointment Type	Renewal Start Date	New End Date (COB)	Duration (TERM appointments)	PT % (FTE)	Salary/Rate	Basis
------------------	--------------------	--------------------	------------------------------	------------	-------------	-------

ACADEMIC EMPLOYEES

Number of Courses/Semester	Per Course Rate	Consecutive Semesters
----------------------------	-----------------	-----------------------

2: CHANGE TERMS of APPOINTMENT (select action(s) from the list and type in additional information)

Last: _____ Fall: _____ Spring: _____	Start Date BOB	End Date COB

3: LEAVES (and returns)

	With Pay/Accruals	% Pay	First Day of Leave	Date of Return

4: SEPARATIONS

	Last Day of Work
--	------------------

REMARKS

Provide details/description of change(s):

LTR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Initial PG	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adj Accruals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FMLA	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FTE	Salary/Rate	Pay Basis	Appt Code	BU	Perm/Ctng Date	TND Date	Adjusted Date to Title/Grade
-----	-------------	-----------	-----------	----	----------------	----------	------------------------------

APPROVALS

Name	Signature	Date
-------------	------------------	-------------

Supervisor/Dept Head: _____

Dean/Asst/Assoc VP: _____

VP/President: _____

Budget:	Log #:	Human Resources:
---------	--------	------------------