

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. ☐ Mx.	Sex:	☐ M ☐ F	Gender:	☐ M ☐ F ☐ X
Birth Date :(dd/mmm/yy)			Type: <i>Internal</i>		
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 ☐ Two or More Races ☐					
Chosen or Preferred First Name:					
I-9 Status:		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: United States	
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:		
Supervisor:	Employee Category:	
Work Week Basis:	☐ 37 ½ hours ☐ 40 hours	Hourly-Benefit Eligible ☐ Y ☐ N
Salary Basis:	FTE:	Work Region:
Appointment Type:		

ORACLE INFORMATION CHANGE FORM

NAME:	Employee #:
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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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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)
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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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