

HR TRANSACTION FORM

DIRECTIONS To be used for changes to current jobs only. Use Classified Transaction Form for appropriate transactions. Fill in highlighted boxes only if there is a change.

Section A Job Data

G# or SSN#	Name (Last, First, Middle)
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Employee Type (check appropriate category):

<input type="checkbox"/> 9-month Instructional (F9)	<input type="checkbox"/> FT 9-month Research (FG)	<input type="checkbox"/> FT Classified Exempt (CE)
<input type="checkbox"/> FT 12-month Instructional (FI)	<input type="checkbox"/> PT 9-month Research (PG)	<input type="checkbox"/> FT Classified Non-exempt (CN)
<input type="checkbox"/> PT 12-month Instructional (PI)	<input type="checkbox"/> 4/3 Plan Faculty (RP)	<input type="checkbox"/> PT Classified Exempt (PE)
<input type="checkbox"/> FT 12-month Research (FR)	<input type="checkbox"/> FT Admin/Professional (FA)	<input type="checkbox"/> PT Classified Non-exempt (CP)
<input type="checkbox"/> PT 12-month Research (PR)	<input type="checkbox"/> PT Admin/Professional (PA)	<input type="checkbox"/> Classified Law Enforcement Officers (LE)
<input type="checkbox"/> President s Executive Council (PS)		

Job Information

Effective Date	Department	Supervisor Name
Position Number/Suffix	Campus/Location	Supervisor Position Number/Suffix
Home Department Org	Timesheet Approver Name (if different from Supervisor)	Timesheet Approver Position/Suffix Number
Job Title	Current Annual Salary	
Job Change Reason/Requested Action (explain in detail. e.g. title change, leave, termination, promotion, salary change, etc.)		

Compensation/Labor Distribution

Index/Fund	%	FTE for position
Index/Fund	%	
Index/Fund	%	

Approvals Required	Signature	Date
Principal Investigator		
Dean/Director		
Dept Head		
Sponsored Programs (if applicable)		
Provost (if applicable)		