



JOB DATA CHANGE

GREY SHADED FIELDS MUST BE COMPLETED



| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Check One: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Temp Staff <input type="checkbox"/> Medical Resident <input type="checkbox"/> Workstudy Student <input type="checkbox"/> GTA/GRA/GSA <input type="checkbox"/> Institutional Student | | | | | | | |
| Check One: <input type="checkbox"/> Benefited <input type="checkbox"/> Non-benefited | | | | For HR/Payroll Use Only <input type="checkbox"/> UNB <input type="checkbox"/> UNC <input type="checkbox"/> UNN | | | |

Current Information

Information in this section is the current position information and is found in HRMS in Job Data. Use the boxes below this section to indicate the changes.

| | | | | |
|----------|-----------|----------------|-------------|------------|
| EMPL ID# | LAST NAME | FIRST NAME | MIDDLE NAME | POSITION # |
| DEPT ID | DEPT NAME | STANDARD HOURS | JOB CODE | EMP RCD # |

| |
|----------------|
| EFFECTIVE DATE |
|----------------|

Complete only those AREAS that you are requesting to change!

Change (Select Type of Action and Enter Correct Information)

In this section, use Job Data in HRMS to get the current "From" box information. If a salary change complete the standard hours section as well if applicable.

| | | | | |
|---|------|--|----|--|
| <input type="checkbox"/> Pay Rate Change | FROM | PER | TO | PER |
| | \$ | <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour | \$ | <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour |
| REASON | | | | <input type="checkbox"/> Permanent (Used in next FY Budget) <input type="checkbox"/> Temporary (Not used in next FY Budget) |
| Please select from drop-down! | | | | |

Always verify the funding on the Department Budget Table in HRMS, submit any changes via Position Funding Form if applicable, then check the box below.

| | |
|---|--|
| <input type="checkbox"/> CHECK IF FUNDING SOURCES HAVE BEEN VERIFIED AND ARE ACCURATE ON THE DEPARTMENT BUDGET TABLE | Explain where \$\$'s are going to/coming from to fund this Pay Rate Change |
|---|--|

| | | | | |
|---|--|--|-----------------------------|--------------------------|
| <input type="checkbox"/> Begin Leave of Absence | SALARY PAID? <input type="checkbox"/> Yes <input type="checkbox"/> No | BENEFITS PAID? <input type="checkbox"/> Yes <input type="checkbox"/> No | REASON FOR LEAVE OF ABSENCE | *ANTICIPATED RETURN DATE |
| *NDUS Human Resource Policy Manual 21.2 states that leave without pay of twenty-one or more days requires approval of the appropriate administrative officer. Note: Departments must submit a Job Data Change form when returning from Leave of Absence. | | | | |
| <input type="checkbox"/> Return from Leave of Absence | | | | |

| | | | | |
|--|------|----|--------|--|
| <input type="checkbox"/> Standard Hrs Worked/Wk | FROM | TO | REASON | <input type="checkbox"/> Permanent (Used in next FY Budget) <input type="checkbox"/> Temporary (Not used in next FY Budget) |
|--|------|----|--------|--|

| | | |
|---------------------------------------|------|----|
| <input type="checkbox"/> Other | FROM | TO |
| CHANGE/REASON | | |

Additional Information:

| |
|--|
| |
|--|

Dept. Contact Name: _____ Phone: _____ Box: _____

Required: Route form to all departments for signatures. Ex. Graduate School, Provost Office, another department.

Recommending Official Signature Date

Additional Approving/Reviewing Signature Date

Approving Official Signature Date

Reviewing Authority Date