



JOB DATA CHANGE



GREY SHADED FIELDS MUST BE COMPLETED

Check One: Faculty Staff Temp Staff Medical Resident Workstudy Student GTA/GRA/GSA Institutional Student

Check One: Benefited Non-benefited

For HR/Payroll Use Only UNB UNC 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 <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Month <input type="checkbox"/> Hour	TO \$	PER <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour
	REASON Please select from drop-down!			<input type="checkbox"/> Permanent (Used in next FY Budget) <input type="checkbox"/> Temporary (Not used in next FY Budget)

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
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<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
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*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	
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<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)
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<input type="checkbox"/> Other	FROM	TO
	CHANGE/REASON	

Additional Information:

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

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

Recommending Official Signature Date

Additional Approving/Reviewing Signature Date

Approving Official Signature Date

Reviewing Authority Date