

JOB CHANGE FORM Use to change or renew appointments for non-faculty. Not to be used for Earnings Distribution Changes.

INFORMATION BELOW IS REQUIRED FROM UNIT or DEPARTMENT

Action(s) Requested: <i>include all actions being requested</i>		
Employee Name (Last, First MI):	Employee ID:	
Business Department: Lawrence Hall of Science	Requested By:	Job Record: <i>(if known)</i>

APPOINTMENT INFORMATION

Effective Date:	End Date:	Appt Type	
Payroll Title:		Working Title:	
Lawrence Department:		Supervisor:	
Pay Rate: <i>annual for monthly/hourly for biweekly</i>	Pay Type:	Hours per week:	Appt Percent:

FUNDING INFORMATION

Start Date	End Date	%	U	Fund	Org/Dept	PR	Chrtfld 1	Chrtfld 2	Budgeted FTE	W-S Code	Friendly Name
			1								OK-
			1								OK-
			1								OK-
			1								OK-
			1								OK-
			1								OK-
			1								OK-
			1								OK-
			1								OK-
			1								OK-

APPROVALS

Attach email approval if needed in lieu of signature below			
Group Exec. Director	Name:	Signature:	Date:
Financial Analyst	Name:	Signature:	Date:
Exec. Dir, Admin Grp	Name: Florencia Ramos	Signature:	Date: