

NDUS HRMS CHANGE FORM

[To be completed by Hiring Department]

Supervisor Name/Position ID: _____
Name Position ID

Department ID/Name: _____
Dept. ID Dept Name

Fund Number(s): _____

=====

Employee Name: _____
First MI Last

Empl ID: _____ **Effective Date:** _____

Action: _____ **Reason:** _____
(Select) (Select)

New work address/phone: _____
Mail Drop Phone

[HR/Payroll: Enter work address/phone on Employment Data link from Job Data]

New Position Number: _____ **Primary or Secondary Job on Campus?:** _____

Start Date: _____ **End Date (if known):** _____

[HR/Payroll: If end date is known, click checkbox for "End job automatically" and enter End Date on Work Location page in Job Data]

Standard Hours/Week: _____ **% FTE:** _____ **Work Study?**

Less than 12 month schedule? _____

[If yes, please provide specific data for HR/Payroll to enter on AWF>AWFGlobal>Use Lcl >USA/CAN Contract Pay]

Payment Schedule: August 16-May 15 Other: Schedule start date _____
Schedule end date _____

Benefited? No Yes

Pay Type: Hourly (N) 12-month Salaried (B)
 Contract Hourly (H) Contract Salaried (C)

Compensation Rate: _____ per hour /or/ per year

Supervisor Signature: _____ **Date:** _____

[HR/Payroll use only]

FICA Status: Subject Exempt

Prior TIAA-CREF contract still open? No Yes
If yes, enter date: _____

Completed by: _____ **Phone #:** _____ **Date:** _____