Oracle Information Change Form

Instructions: Complete <u>Basic Information</u> and any sections that have changing information.

Mark each section that you have completed.

Basic Information *This section is <u>required</u> for all Information Changes*

Effective Date: _____

Last Name: _____

First Name: _____

Employee/Assignment #: _____

<u>**Completed**</u>

<u>**Termination Information**</u>

Termination Date (Last Working Day):_____

Termination Reason: _____

<u>**Completed**</u>   **<u>Hourly</u> - Benefits Eligible?**   Yes   No

<u>**Assignment Information:**</u>

Appointment Type: _____

Organization	Assignment Category
Job	Employee Category
Grade	Salary Basis
Location	Supervisor
Group	FTE
Payroll	Work Region
Status	Working Hours / Week

<u>**Completed**</u>

<u>**Salary Information**</u>

Effective Date: _____

New/Change Value: _____

Reason: _____

Retro Required?

Retro Begin Date: _____

Retro End Date: _____

Retro Amount / Calculations:

Completed

Labor Distribution Information

Schedule Line Changes:

Project	Task	Award	Organization	Expenditure Type	LD Start Date	LD End Date	%

Completed

People Data Information

Last Name: _____

First Name: _____

Middle Name: _____

Title : _____

Gender: _____

Birth Date: _____

Nationality: _____

Ethnic Origin (Select **One**):

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific

White

Two or More Races

Preferred Name/Previous Last Name: _____

I-9 Status : _____

Visa Type: _____

I-9 Expiration Date: _____

Veteran Status: _____

Completed

E-Verify Status	Date Authorized	Case Verification #

Completed

Address and Phone Information

Email Address: _____

Telephone #: _____

Primary US Address: _____

City: _____

State: _____

Zip Code: _____

Other Changes / Explanations / Notes

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(HR/Payroll ONLY) Input by / Date: _____

Approvals

Project Director/Co-Project Director

_____Signature/Date

Operations Manager

_____ Signature/Date

Additional Campus Signatures as Required

_____ Signature/Date

_____Signature/Date