

Appointment Changes for Current CPH Employees (Non-Faculty)

Check all that apply:

☐ Current Appointment Begin/End Date Change Only

☐ Previous Pay Period Funding Change

☐ Assignment Change

☐ Future Pay Period Funding Change

☐ Percentage of Effort Change

Completion of this Section is REQUIRED:

Dept Name: _____ Phone#: _____

Employee Name: _____ Email Address: _____

Number of credit hours registered for Session (If applicable): Summer: _____ Fall: _____ Spring: _____

Current Position Title: _____

Current Appointment Begin/End Date Change Only:

Appointment Begin Date: _____ End Date: _____

Assignment Change:

Current Position Title: _____ Current Position#: _____

Current Position End Date: _____

New Position Title: _____ New Position#: _____

Effective Begin Date: _____ End Date: _____

New Assignment Location: _____

Description of New Job Assignment (e.g. course name/#, Dr. Smith's lab, Resilient Evaluation Grant – Adams, etc.):

Reports to/Supervisor, if different from current supervisor: _____

Summarize the need for the requested change to this appointment:

Percentage of Effort Change:

Current % time (e.g. 33.333%): _____ % New % time (e.g. 33.333%): _____ %

New FTE (e.g. .33333): _____ Comp Rate: _____

Number of Work Hours per Week: _____ Effective Date for Change: _____

Total Amount to be paid during new appointment: _____

EDR Justification: _____

Percentage of Effort	Number of Hours to Work Per Week	Rounded Hours
11.111%	4.444	5
16.667%	6.667	7
22.222%	8.889	9
33.333%	13.333	13
40.000%	16.000	16
44.444%	17.778	18
50.000%	20.000	20

PI Signature (if grant funded): _____ Date: _____

Department Head/Director Signature: _____ Date: _____

To be completed by Business Manager and CPH Business Office Staff ONLY

Date: _____ Position Number: _____

Chart String Name: _____

Combo Code: _____

Percent Time to be charged to Combo Code (e.g. 33.333): _____ % Effective Date: _____

Chart String Name: _____

Combo Code: _____

Percent Time to be charged to Combo Code (e.g. 33.333): _____ % Effective Date: _____

Chart String Name: _____

Combo Code: _____

Percent Time to be charged to Combo Code (e.g. 33.333): _____ % Effective Date: _____

Chart String Name: _____

Combo Code: _____

Percent Time to be charged to Combo Code (e.g. 33.333): _____ % Effective Date: _____

Business Manager/Senior Accountant Name: _____

Business Manager/Senior Accountant Signature: _____

HR Coordinator Name: _____

HR Coordinator Signature: _____