



INFORMATION CHANGE

Last Name: _____ First: _____ MI: _____

Office/Department: _____ Effective: _____
(15-FEB-2020)

Check each item of change:

- Due To:
 Salary
 Promotion
 Detail Assignment
 Status
 Transfer
 Demotion

Comment(s): _____

- Assignment:
 Full-time Part-time *21 hours or more* Part-time *20 hours or less*
 Temporary Seasonal Retiree

Pay Rate (*do NOT include longevity*): \$ _____

Salary Basis: Hourly Monthly

Oracle Org: _____ Org. #: _____
(i.e. HLTDEP/ADBUS/ BUS/ Business Administration)

Occupational Code: _____ Req. # (*if applicable*): _____

Job Title: _____

Bargaining Unit: _____

Reporting Supervisor: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Name Change (*former name*): _____

Elected/Department Approver/Designee

Date

Human Resources

Date