

**Section I -- Scholar Information**

Revised 09/25/2020

Preferred Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

SSN Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| Citizenship Status: ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien: I-9 Exp Date: \_\_\_\_\_  
ID (SSN for initial appointment)

Home Dept Orgn \_\_\_\_\_ Time Sheet Orgn \_\_\_\_\_ Job Location \_\_\_\_\_

<b>C67</b>	<b>00</b>	<b>UP</b>	<b>U2</b>	<b>Postdoctoral Scholar</b>	<b>Post Doctorate</b>	<b>Fellow</b>	<b>Fixed Term</b>
Position	Suffix	ECLS	LCAT	Job Title	Faculty Status	Faculty Rank Type	Tenure Status

**Section II -- Requested Action**

- ☐ Initial appointment or rehire: \_\_\_\_\_  
Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Appt % \_\_\_\_\_ FT Annual Salary (evenly divisible by 12) \_\_\_\_\_ Appt Basis **12** AAHIR Reason Code
- ☐ Reappointment after break in service: \_\_\_\_\_  
Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Appt % \_\_\_\_\_ FT Annual Salary (evenly divisible by 12) \_\_\_\_\_ Appt Basis **12** BREAP Reason Code
- ☐ End appointment: End Date: \_\_\_\_\_ End Job or Employment? **TERMJ** **TERME**  
End Reason: \_\_\_\_\_ Job Employment
- ☐ Appointment changes (check all that apply for same effective date). Effective Date: \_\_\_\_\_
- ☐ Appt renewal: \_\_\_\_\_  
Current Job End \_\_\_\_\_ New Appt Begin \_\_\_\_\_ New Job End Date \_\_\_\_\_ **GEXCD** Reason Code
- ☐ Appointment %: \_\_\_\_\_  
New Appt % \_\_\_\_\_ **APTPC** Reason Code
- ☐ Base pay rate: \_\_\_\_\_  
New FT Annual Salary (evenly divisible by 12) \_\_\_\_\_ Pay change reason code: Increase (**PSALO**) Reduction (**PPAYR**) Correction (**XPCOR**)

**Section III -- Labor Distribution (initial appointment, or if a change needed)**

Earn code	Index	Account Code	Activity Code	Labor %
<b>GCF</b>		<b>10639</b>		
		<b>10639</b>		
		<b>10639</b>		
		<b>10639</b>		
<b>TOTAL</b>				<b>100%</b>

**Section IV -- Approvals / Signatures**

Scholar Signature (if required for this action) \_\_\_\_\_ Date \_\_\_\_\_

Dean/VP or Designee Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Business Center/Office of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_