



**JOB CHANGE REQUEST FORM**  
**Administrative & Professional Staff, Faculty, & Graduate Assistants**  
*(For changes other than extensions of appointment periods)*  
*"Acting" positions may not be given an appointment period which exceeds one year.*

Legal Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
 Campus:  Alton  ESL  Edw  Spfld Box: \_\_\_\_\_ Bldg & Rm No.: \_\_\_\_\_ Phn w/Prefix: \_\_\_\_\_

**POSITION/JOB INFORMATION** **CURRENT STATUS:**

*\*\*Please do not use the delete key or backspace key in the Hrs. Per Pay column or the Actual Assign Salary column.\*\**

POSN TITLE/RANK	POSN No.	Full-Time Semi-Mo Salary Base	Appt. Percent (4 decimal places max, e.g., 33.33)	**Hrs. Per Pay (F9 to calc)	**Actual Assign Salary (F9 to calc)	Sal Hold (Y/N)	Account Title	Org/ DDU	AIS Budget Purpose
				0.00	\$ 0.00				
				0.00	\$ 0.00				
				0.00	\$ 0.00				
				0.00	\$ 0.00				

**CHANGE STATUS TO:**

				0.00	\$ 0.00				
				0.00	\$ 0.00				
				0.00	\$ 0.00				
				0.00	\$ 0.00				
				0.00	\$ 0.00				

GRANTS OFFICE APPROVAL (Grant Accounts Only): \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**EFFECTIVE DATE(S) FOR CHANGE:** Beginning \_\_\_\_\_ Ending \_\_\_\_\_ or  Continuing  
**TYPE OF APPOINTMENT:**  
 Academic:  Faculty Continuing  Faculty Term  Grad Asst (term only)  
 Fiscal:  Faculty Continuing  Faculty Term  Grad Asst (term only)  
 Admin/Professional Staff:  Administrative Staff Continuing  Administrative Staff Term  
 Professional Staff Regular (IEA/NEA)  Professional Staff Durational (IEA/NEA)

**COMMENTS & JUSTIFICATION:**

This extra service is over and above services required by the current budgeted contract. It will not affect performance under such contract.  
**READ BEFORE SIGNING:** The applicant agrees that if appointed, his or her conditions of employment will include the laws of Illinois, including Board of Trustees legislation, and all policies and regulations, including those of SIUE, from time to time issued pursuant thereto, and any applicable collective bargaining agreement, all of which will be as much a part of the applicant's employment contract as if set out in full therein, and that such terms and conditions as from time to time amended will continue to govern in any change of assignment or renewal of the appointment.

Signature of Staff Member \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and make a file copy before forwarding.**

As defined by the Office of the Secretary of State and based on the responsibilities assigned to this position, the employee will be required to complete a Statement of Economic Interest. URL for filing info., including criteria: <http://ethics.siu.edu/>  
**RECOMMENDATION:**

Chair/Supervisor _____	Date _____	Dean/Dir./Fiscal Officer _____	Date _____	Vice Chancellor _____	Date _____
Chair/Supervisor _____	Date _____	Dean/Dir./Fiscal Officer _____	Date _____	Vice Chancellor _____	Date _____

ACCEPTED BY DIRECTOR OF HUMAN RESOURCES: \_\_\_\_\_ Date: \_\_\_\_\_

APPOINTMENT: Subject to the requirements of the Board of Trustees' Policy on Personnel Approval, you are hereby appointed to the position described above.

Chancellor \_\_\_\_\_ Date \_\_\_\_\_ Date approved/ratified by President \_\_\_\_\_ Date ratified by Board of Trustees \_\_\_\_\_

PAYROLL STAFF: NBAJOBS:  Job Labor Dist Changed  New Eff Dated Job Detail Record Created with Labor Dist Change Reason Code PHAREDS:  Completed  NA

FICA  SURS  Medicare