



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: John Doe Banner ID: 800123456
Campus: ☐ Alton ☐ ESL ☒ Edw ☐ Spfld Box: 0001 Bldg & Rm No.: RH 0001 Phn w/Prefix: 1234

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
Research Assistant 100%		1244	25.00	20.39	\$ 311.00		Research Grant Name	123456	123456
				0.00	\$ 0.00				
				0.00	\$ 0.00				
				0.00	\$ 0.00				

CHANGE STATUS TO:

Research Assistant 50%		1244	12.50	10.20	\$ 155.50		Research Grant Name	123456	123456
Teaching Assistant 50%		1244	12.50	10.20	\$ 155.50		Teaching Account Name	234567	234567
				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 01-01-2019 Ending 05-15-2019 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 section would include any additional information for the change.

☒ 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
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PAYROLL STAFF:NBAJOBS: ☐ Job Labor Dist Changed☐ New Eff Dated Job Detail Record Created with Labor Dist Change Reason Code

PHAREDS:

☐ Completed
☐ NA

TW	Terms	CH's	GPA	Class

Graduate School
Southern Illinois University Edwardsville

Name Doe, John Student ID # 800123456
(Please Type: Last First M.I.)

Employment location information: Phone No. 1234 Bldg. RH Room No. 2000 Box# 1234

Contingent upon the approval of the Graduate Dean and the Chancellor of Southern Illinois University Edwardsville, upon admission to the Graduate School and continued maintenance of good academic standing in an approved course load each term, you are hereby offered a term appointment under the following conditions.

1. ASSISTANTSHIP CATEGORY (Check all that apply and write in expected percentage distribution of duties-REQUIRED)

☐ General ____ % ☐ Research ____ % ☒ Teaching 100 % (MUST EQUAL 100%)

Full-time Semi-mo Salary Base	Appt. Percent (decimal)	Semi-mo Payment	Account Title	Position Number	Org/ DDU	AIS Budget Purpose No.
\$ 896.00	50.00%	\$ 448.00	Insert Budget Purpose # Account Title		123456	123456
	0.00%	\$ 0.00				

Supervisor's statement of specific duties and responsibilities: **REQUIRED**

Use this section to describe the GA's job duties.

Supervisor: Jerry Weinberg 800#: 800234567 Contract Prepared by: C McGuiggan Ext: 2345

2. Period of Appointment:

☒ Academic Basis for: Fall (8/16 – 12/31) yr, Spring (1/1 – 5/15) 2019 yr, Summer (5/16 – 8/15) yr.
Other: _____, (Year) _____ through _____, (Year) _____

3. Present Status:

☒ Admitted to Graduate School, Electrical Engineering Dept., beginning with Fall 2018 (term/year), for MS degree.
☐ Undergraduate approved pending degree completion. ☐ Combined undergrad/grad completion date _____
☐ Co-op PhD? Please include SIUC DAWG Tag Number: _____

4. Show dates of any prior SIUE Assistantships: During Academic Year(s) FA 2018**5. If related by blood or marriage to any member or the Board of Trustees, please state relationship** N/A**READ BEFORE SIGNING**

The appointee agrees that, if appointed, his/her terms and conditions of assistantship appointment will include the laws of Illinois, including Board of Trustees legislation, and all policies and regulations including those of SIUE, from time to time and pursuant thereto, all of which will be as much a part of the applicant's assistantship appointment 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 changes of assignments or renewal of the appointment.

It is a condition of appointment that each appointee agrees to abide by the provisions of the University Patent and (or) Copyright Policy and any contractual obligations of the University to others with reference to discoveries, inventions, improvements, composition or creations made, produced, developed actually or constructively reduced to practice or perfected during the term of employment.

I understand that I must work at least 12 weeks in the fall/spring and 8 weeks in the summer to earn a tuition waiver. I understand that the value of the tuition waiver for graduate course work, in excess of \$5,250 annually (in a calendar year), may be reported as non-cash taxable wages on my graduate stipends payroll and on Form W-2. These non-cash wages are subject to tax withholding as required by the IRS for students whose positions are not specifically classified as "research" or "teaching" but as "general." * If I am no longer in pay status, I understand that I am responsible for any tax the university pays on my behalf and the university will bill me for any unpaid amounts.

*Please refer to FAQ for questions about your tax liability at <http://www.siu.edu/human-resources/faqs/taxable-benefit.shtml>

I have read the *Conditions of Assistantship Appointment* and accept the position under these terms and subject to stated above contingencies:

Signature of Student

Date

RECOMMENDATION:**APPROVED:****APPROVED:**

Dean/Director/Fiscal Officer

Date

Provost and Vice Chancellor for Academic Affairs

Date

Graduate School

Date

Dean/Director/Fiscal Officer

Date

Vice Chancellor

Date

ORP Approval

Date

BUDGET INFORMATION: Source of Funds

Original – Graduate School / Payroll / Institutional Research & Studies / Dean or Director / Appointee Copy

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

FOR: **ADMINISTRATIVE & PROFESSIONAL STAFF** **CIVIL SERVICE** **FACULTY** **GRADUATE ASSISTANT**
(To be completed by the employee and employing department.)

Name: DOE, John Adam Banner ID: 800123456
Employee's Email: JDOE@siue.edu
Supervisor's Name: Jerry Weinberg Supervisor's Email: jweinbe@siue.edu
Effective Date: 1/1/19
Time: 0800 ☐ c.o.b. ☒ a.m. ☐ p.m. Number of hours to be paid for final day of employment: full day ☐ or no. of hours: 0

FORWARDING ADDRESS: Keeping your address current is necessary in order to receive your W-2's at the end of this tax year. Please contact the Office of Human Resources with any address changes you may have until you receive your final W-2's for this tax year.

PRESENT POSITION: ☐ Administrative & Professional Staff ☐ Civil Service ☐ Faculty ☒ Graduate Assistant

Rank/Title: Teaching Assistant Hire Date: 8/16/18 Current SemiMoSalary or Hrlly Rate: 448.00
School, College, or Unit: Nursing Dept.: _____ Rate: AIS Budget Purpose: 123456 Position Number: _____

Rank/Title: _____ Hire Date: _____ Current SemiMoSalary or Hrlly Rate: _____
School, College, or Unit: _____ Dept.: _____ Rate: AIS Budget Purpose: _____ Position Number: _____

REASON FOR SEPARATION:

☐ Appointment Expiration ☐ Accepting position within the University ☐ Accepting position at other IL University ☐ Resignation
☐ Deceased ☐ Retirement (Employee Vacation/Sick Leave Reporting Form can be sent on termination date) ☒ Involuntary Termination

Comments: Add any additional information that is not already included on this form such as an explanation of why the student is terminated.

NOTE: The Office of the Chancellor encourages employees resigning or retiring from SIUE to schedule a personal exit interview with the supervisor of the employee's immediate supervisor.

SUBMITTED BY: _____ DATE: _____

Employee's Signature
Please sign and make a file copy before forwarding.

The Office of Human Resources WILL NOT be sending copies of this document.

>> SIGN WITH BLUE INK <<

>> SIGN WITH BLUE INK <<

>> SIGN WITH BLUE INK <<

ACCEPTED BY:

Chair/Supervisor

Date

Dean/Director/Fiscal Officer

Date

Vice Chancellor

Date

**PLEASE ATTACH EMPLOYEE VACATION/SICK LEAVE
REPORTING FORM TO THIS DOCUMENT**