

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE CIVIL SERVICE APPOINTMENT CHANGE FORM

Office of Human Resources Box 1040 Edwardsville, IL 62026 Phone: 618.650.2190 Fax: 618.650.2696	
Employee Name	Banner ID
Supervisor's Name	Phone
CURRENT STATUS	CHANGED TO (NEW) STATUS
Class (Title)	Class (Title)
Appointment type Continuing Temporary (not to exceed 3 mos.) Extra Help (intermittent work) AND Full-time OR	Effective Date End Date Appointment type Continuing Temporary (not to exceed 3 mos.) Extra Help (intermittent work) AND Full-time OR
Part-time at(e.g., .3333=33.33%)	☐ Part-time at (e.g., .3333=33.33%)
☐ Temp Assign Pay:	☐ Temp Assign Pay:
SM salary OR BW Hrly rate	SM salary OR BW Hrly rate
NBAJOBS position no:	NBAJOBS position no:
Dept. Organization Code:	Dept. Organization Code:
1. AIS Acct Title:	1. AIS Acct Title:
Budget Purpose: Labor Dist :	Budget Purpose: Labor Dist :
2. AIS Acct Title:	2. AIS Acct Title:
Budget Purpose: Labor Dist :	Budget Purpose: Labor Dist :
3. AIS Acct Title:	3. AIS Acct Title:
Budget Purpose: Labor Dist :	Budget Purpose: Labor Dist :
OVERTIME ONLY 4. AIS Acct Title:	OVERTIME ONLY 4. AIS Acct Title:
Budget Purpose: Labor Dist : 5. AlS Acct Title:	Budget Purpose: Labor Dist : 5. AIS Acct Title:
Budget Purpose: Labor Dist :	Budget Purpose: Labor Dist :
REASON FOR CHANGE:	
Signature of Fiscal Officer	Date:
Signature of Dean or Director	Date:
Signature of Chancellor or Vice Chancellor	Date:
HUMAN RESOURCES OFFICER:	Date:
Posn Class Code: E-Class	
Banner Position No – Employee Reassignment	Leave Category