

Personnel Transaction Report (PTR)

Employment & Employee Changes

All changes in employee status must be completed in every case where there is an employee change in job classification, salary rate, job status or termination. **This form must** be received by **Human Resources-University Enterprises Corporation at CSUSB ("UEC")** <u>4 DAYS PRIOR</u> to the effective date. If you have any questions regarding this form, please contact Human Resources.

				=		E INFORMATI	ON					
Legal Last Name					Legal First Name				Middle Initial			
	e required t	to meet fede	rally mandated	I-9 wo		and authorization	procedures. All	employees ther		resent	acceptab	le
		nts in person	to Human Res	ources	-UEC and re	eceive an "Authori	zation to Begin	Work Form" PF	IOR to their	r first d	ay of wo	rk
as a new hire or	r renire.		EMDI ()VME	NT ACTI	ON AND CLAS	SSIEICATIO	NI.				
Effective Dat	to.	Action T						N HR approval red	nuirod			
			New Hire/Rehire							sition Change/Reclassify *		
			appointment		_	elete Funding	•	☐ Leave		SSITY		
(Review instructions page) Change				Pay Rate Change * Other:					5171555115	•		
Employee Cl	assificat				- ay rtato		nefited Non-		lovee			
Employee Classification Benefited Employee					Non-Benefited, Non-Exempt Ell Variable Hour Employee Tempora) (date	s helow)	
☐ MP *									(<25 hrs -			
Staff Exempt *			Undergrad Student (20 hrs/wk)				_	Emergency Appt (12 wks or less)*				
Staff - Benefited (20-40 hrs/wk)			(k)	靣	Grad Stud	dent (20 hrs/wk)		#	of days/wks:		End Da	ate:
	*HR approv	val required		(§	See student	gudelines & salar	y guidelines)					
		'	FUNDING S			DISTRIBUTIO		TION				
Current	Ace	Fund	Fund #		oartment #	Proj	ect#	Distribution		on % Add'l		
											Campus	
											Jobs	
New											=	EC
(If applicable)											∐ Sta	ate
						FORMATION	Labora III					
Rate Change Reason (if app) **Pay Rate		**(HR <u>must</u> approve)			**Proposed	bosed New Rate (if app) Hours/Week						
☐ Merit (attach evaluation) N		Monthly:	Monthly:			Monthly:		**(HR must				
Promotion (HR approval red		al req)	Hourly:			rate	Hourly:		approve ALL			
Other									pay rates)	SMN		
UEC Job Titl	e: Req.									POS		
•			Work Locat	ion		This position	ո։					
Promotion (HR approval req)		al req)	On-cam	pus		☐ Has supe	ervisory autho	ority (AB1825 Tr	aining required	i)		
☐ Reclassification		☐ Off-cam	ipus						YES	☐ NO		
☐ Other (Specify)		Location	on:		Has accounting responsibiliti			dit/Backgroun	d Ck req	_i uired)		
						he above						
Comments:										Base	Add'l	
			DEPA			CONTACT IN	FORMATION	N .				
Dept/Project Name:			Director/PI: (please print)									
			Email:					Phone:				
Budget Period:(Not to exceed contract period)Req.				Contact Person: (please print)								
From: To:				Email:					Phone:			
				EMP	LOYMEN	T AUTHORIZ	ATON					
TRANSAC	TION IS N	OT OFFIC	IAL WITHOU			D SIGNATURE		OVAL & AUTH	IORIZATIO	OT NC	START	_
Audharia d Ciaraan			Date:			HR:		Date:				
Authorized Signer:						Date.		Annt I tr		Date:		
Budget Approval:						Date:				_		
								Notice:		Date:		
HR only:	CoyoteID:					JEC ID:		-				
Conv. Pouroll		Supervisor				DirlD	Day Craur					
Copy: Payroll				1		DirlD	Pay Group					