

**Personnel Transaction Report
(PTR)
CSUSB Faculty & Staff Overload**

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") 4 DAYS PRIOR to the effective date.** If you have any questions regarding this form, please contact Human Resources at 909-537-7589.

EMPLOYEE INFORMATION

Legal Last Name	Legal First Name	Middle Initial
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All employees are required to meet federally mandated I-9 work eligibility and authorization procedures. All employees therefore must present acceptable work authorization documents in person to Human Resources-UEC and receive an "Authorization to Begin Work Form" **PRIOR to their first day of work as a new hire or rehire.**

EMPLOYMENT ACTION AND CLASSIFICATION

Effective Date (Review instructions page)	Action Type <input type="checkbox"/> New Hire/Rehire <input type="checkbox"/> Reappointment <input type="checkbox"/> Change <input type="checkbox"/> Separation Reason: _____	Change Action Type <input type="checkbox"/> Funding Source Change <input type="checkbox"/> Add <input type="checkbox"/> Delete Funding Source <input type="checkbox"/> Distribution Change % <input type="checkbox"/> Pay Rate Change <input type="checkbox"/> Position Change <input type="checkbox"/> Other: _____
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Status Type <input type="checkbox"/> CSUSB Faculty <input type="checkbox"/> CSUSB Staff <small>ck State classification below</small> <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Employee Classification <input type="checkbox"/> One Time Appt or Award (One pay period) <input type="checkbox"/> Temporary On-Call Overload/Add'l Compensation
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FUNDING SOURCE AND DISTRIBUTION INFORMATION

	Account #	Fund #	Department #	Project #	Distribution %
Current					
New (If applicable)					

JOB INFORMATION

Rate Change Reason (if app)	**State Pay Rate Hourly: _____ Overtime: _____ <small>**Dept AAS to verify Pay Rate</small>	**New State Rate (if applicable) Hourly: _____ Overtime: _____ <small>**Dept AAS to verify Pay Rate</small>	Hours/Week
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UEC Job Title: _____ **POS** _____

Position Change Reason <input type="checkbox"/> Specify: _____	Work Location <input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus: _____	This position: <input type="checkbox"/> Works w/Children <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Live Scan Required <input type="checkbox"/> YES <input type="checkbox"/> NO
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Comments: _____ **Base** _____ **Add'l** _____

DEPARTMENT AND CONTACT INFORMATION

Dept/Project Name: _____	Director/PI: (please print) _____ Email: _____ Phone: _____
Budget Period: (Not to exceed contract period)Req. From: _____ To: _____	Contact Person: (please print) _____ Email: _____ Phone: _____

EMPLOYMENT AUTHORIZATION

TRANSACTION IS NOT OFFICIAL WITHOUT ALL REQUIRED SIGNATURES AND FINAL HR APPROVAL

UEC Authorized Signer: _____ Date: _____	HR: _____ Date: _____
Dean or Authorized State MPP: _____ Date: _____	
State Pay Rate Verification: _____ Date: _____	
UEC Budget Approval: _____ Date: _____	
HR only: CoyoteID: _____ UEC ID: _____	
<input type="checkbox"/> Supervisor <input type="checkbox"/> End Date	
<input type="checkbox"/> Labor Alloc <input type="checkbox"/> Cal Pers	
Copy: Payroll DirID _____ Pay Group _____	
Copy: CSUSB HR	