

**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.

EMPLOYEE INFORMATION		
Legal Last Name	Legal First Name	Middle Initial
<p style="font-size: small;">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.</p>		

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: _____

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)	**Pay Rate	**(Dept AAS must approve Pay Rate)	% Rate Diff current vs. proposed new rate	**Proposed New Rate (if app)	Hours/Week
	Hourly: _____			Hourly: _____	

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