

**The Research Foundation for Mental Hygiene  
ORACLE INFORMATION CHANGE FORM**

**THIS BOX NEEDS TO BE COMPLETED FOR ALL PEOPLE CHANGE INFORMATION**

<b>Effective Date:</b> (dd/mmm/yy)		
<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>
<b>Social Security #:</b>	<b>Oracle Assignment Number:</b>	

**PEOPLE DATA**

(Complete only administrative information which is being changed)

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Title:</b> <input type="checkbox"/> <b>Dr.</b> <input type="checkbox"/> <b>Miss</b> <input type="checkbox"/> <b>Mrs.</b> <input type="checkbox"/> <b>Ms.</b> <input type="checkbox"/> <b>Mr.</b>		
<b>Social Security #:</b> (correction)		
<b>Nationality:</b> <input type="checkbox"/> <b>US Citizen</b> <input type="checkbox"/> <b>Non-Citizen in US on VISA</b> <input type="checkbox"/> <b>Non-Citizen Not in US</b> <input type="checkbox"/> <b>Permanent Resident</b>		
<b>Visa Type:</b>		
<b>Reason for change:</b>		

**SPECIAL INFO Change**

<b>Special Information Type:</b>	
<b>Change/Addition</b>	

**End Employment**

<b>Leaving Reason:</b>	
<b>Actual Date:</b> (dd/mmm/yy)	<b>Final Process Date:</b> (dd/mmm/yy)

**ADDRESS CHANGE**

<b>US Address (Primary Address):</b>		
<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone ( )</b>	
<b>Telephone: ( )</b>	<b>E-Mail Address:</b>	
<b>Address 2:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone ( )</b>	
<b>Type:</b>	<b>Primary: N</b>	

**ASSIGNMENT CHANGE**

<input type="checkbox"/> <b>Assignment Change</b> <input type="checkbox"/> <b>Additional Assignment</b> <input type="checkbox"/> <b>Additional Job</b>		<b>Organization:</b>	<b>Op. Location:</b>
<b>Group:</b>	<b>Effort Reporting Status:</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>N</b>		
<b>Job:</b>	<b>Grade:</b>	<b>Payroll: Biweekly</b>	
<b>Location:</b>	<b>Status:</b>		
<b>Employment Category:</b> <input type="checkbox"/> <b>Exempt Regular</b> <input type="checkbox"/> <b>Exempt Temp</b> <input type="checkbox"/> <b>Nonexempt Regular</b> <input type="checkbox"/> <b>Nonexempt Temp</b> <input type="checkbox"/> <b>Hourly</b>			
<b>Supervisor's Name:</b>			
<b>Working Hours:</b> <input type="checkbox"/> <b>37 ½</b> <input type="checkbox"/> <b>40</b> <input type="checkbox"/> <b>Hrly</b>		<b>Frequency: Week</b>	
<b>Government Reporting Entity: The Research Foundation for Mental Hygiene</b>			
<b>Timecard Required:</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b>	<b>Salary Basis:</b>	<b>FTE:</b>	

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**SALARY CHANGE**

**Effective Date:**(dd/mmm/yy)

**New /Change Value:**

**Approved: X**

**Reason:**

**LABOR DISTRIBUTION SCHEDULE LINE CHANGE**

**Schedule Hierarchy**

**Schedule Line Changes (List all changes)**

Project	Task	Award	Organization	Expenditure Type	Start Date	End Date	%

**\*The end date indicated is not an employment contract but is used for budgeting purposes only.**

**OTHER CHANGES AND EXPLANATIONS**

**APPROVALS**

This assignment is consistent with sponsored program terms and conditions and with Research Foundation policies.

\_\_\_\_\_  
(Signature) Employee: (Date)

\_\_\_\_\_  
(Signature) Project Director / Co-Project Director. Funds are in the account for this assignment. (Date)

\_\_\_\_\_  
(Signature) Institute Administrator: (Date) Additional Institute Signature (as required) (Date)

\_\_\_\_\_  
Input by: (Date)

**Consideration:** Do the changes effect employee's benefit elements? Please document any changes made to employee elements.