



ASSIGNMENT CHANGE FORM

(Request from Department to change employee assignment information)

A EMPLOYEE INFORMATION		
Employee ID	First Name & Initial(s)	Surname

B REQUEST			
Modify Current Assignment	Effective Date of Change (dd/mm/yyyy)	Position (code)	Position/Override GL Account(s)
Change Position	Effective Date of Change (dd/mm/yyyy)	From Position (code)	To Position (code)
Remaining Vacation Days For Calendar Year	Vacation Days For Current Benefit Year	Personal Days	Other (specify)
Reason for Change			

C CHANGE TO EMPLOYEE ASSIGNMENT					
Additional Duties (attach description/list of duties)					
Extension of Contract End Date			From (dd/mm/yyyy)	To (dd/mm/yyyy)	
Rate			From \$ (hourly / salary)	To \$ (hourly / salary)	
Benefit Group Override			Benefit Group	Expiry Date (dd/mm/yyyy)	
Employee Schedule Override			Schedule Code (if exists)	Expiry Date (dd/mm/yyyy)	
Change Weekly Hours to be Worked		From	To	Expiry Date (dd/mm/yyyy)	
DAY	START	END	DAILY HRS	SHIFT	Non-Scheduled Working Hours
Sunday					Non-Working Month(s)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total Weekly Hours					Schedule Attached

Department – Forward to the appropriate Research or Finance Office for authorization.
 Research or Finance Office – Forward to your Human Resources Services Area Office.



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D ACCOUNT INFORMATION				
	GL Account 1		GL Account 2	
	From	To	From	To
GL Account (# #####-####)				
% Allocation				
Benefit Account Override (# #####-####)				
Effective Date of Override (dd/mm/yyyy)				
Expiry Date of Override (dd/mm/yyyy)				

F AUTHORIZATION				
Releasing Department	Ext.	Name	Signature	Date (dd/mm/yyyy)
Hiring Department	Ext.	Name	Signature	Date (dd/mm/yyyy)
Research Office (University / FHS)	Ext.	Name	Signature	Date (dd/mm/yyyy)
Finance Office (University / FHS)	Ext.	Name	Signature	Date (dd/mm/yyyy)

FOR HR USE ONLY		
Completed By	Completion Date (dd/mm/yyyy)	Recruitment Posting No.
From Compensation Group	To Compensation Group	
Comments		

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