

Department/Division _____

Today's Date: _____

INSTRUCTIONS:

1. Provide the employee's NUID #, name, and position
2. Complete only the section(s) that applies to the action(s) you wish to initiate. See Instructions.
3. Print the form, sign it and obtain the required approvals
4. Send it to the HRM Customer Service Center, 250 Columbus Place

Employee Information *Look up position numbers at: <https://prod-web.neu.edu/webapp6/P2BPositionLookup/public/main.action>

NUID _____ First Name _____ Last Name _____ Position Number* _____ Current Job Title _____ Employee Class _____

Job/Title Change

Action/Reason _____ Effective Date _____ Standard Hours _____ Job Grade _____

New Job Title _____ Census Code _____ Job Code _____ Department/Division _____

Initiate or Change Pay Effective Date _____ Pay Change Action/Reason _____

Base Pay* _____
 Annual Hourly Index Number(s) _____ Account Number _____ Percentage _____

Funding END Date _____

Will the home organization change? _____

Yes No

If Yes, new organization: _____

*Submit stipends on the Extra Comp Form _____

Faculty Leave of Absence

Personal Paid Percentage of Base _____ Effective Date _____ End Date _____

Professional Unpaid _____

Approvals & Comments

Comments _____

Approvals _____

Form Originator _____ *Extension* _____ *Print Name* _____

Department Head _____ *Date* _____ *Dean/Director/VP/ or SVP* _____ *Date* _____

Budget/RAF _____ *Date* _____ *HRM Compensation* _____ *Date* _____ *HRM Operations* _____ *Date* _____

HRM ONLY