

**The University of Tennessee
Personnel Change Form**

Employee Name Last _____ First _____ Middle _____
 Personnel # _____
 Responsible Cost Ctr # _____ Cost Ctr Name _____
 Preparer _____ Phone # _____

EFFECTIVE DATE OF ACTION _____

SELECT AN ACTION (select appropriate box)

- Position Change/Transfer
- Percent Fulltime Change-Must use E-form
- Pay/Funding Change-Must use E-form
- Corporate Function Change (Ag. Extension)
- LOA with Pay-Must use E-form
- LOA without Pay-Must use E-form
- Return from Leave-Must use E-form
- Transfer Friend to Pending
- Promote/Transfer Friend
- Transfer Out of Position
- Tenure Change
- Recurring Payment-Must use E-form

ACTION (IT0000) _____

Reason for Action: <Choose One> ▼

Explanation of Action:

ORGANIZATIONAL ASSIGNMENT (IT0001) *changes employee relationship to entire University organization*

Payroll Area Monthly Biweekly Non-Pay
 Personnel Area: <Choose One> ▼ Personnel SubArea: <Choose One> ▼
 Employee Group: <Choose One> ▼ Employee SubGroup: <Choose One> ▼

% of Effort	Position Number	Position Name	Org. Unit Number	Primary Position?	Remove Position?	Start Date	End Date
			Org. Unit Name				

For Ag. Extension Appointments Only:

CORPORATE FUNCTION <Choose One> ▼ Percentage _____
 CORPORATE FUNCTION <Choose One> ▼ Percentage _____
 CORPORATE FUNCTION <Choose One> ▼ Percentage _____

Employee Name: _____ Personnel #: _____

TENURE (IT9022) *To be used for Faculty Changes*

Tenured On Tenure Track Not on Tenure Track Ineligible for Tenure Emeritus

Tenure Department Cost Center: _____

Discipline: _____ D

Date Tenure Granted: _____ Tenure Review Date: _____

Academic Rank: _____ Academic Rank Date: _____

TIME QUOTA COMPENSATION (IT0416)

No. of Comp. Hours to be Paid at Transfer _____ No. of Annual Leave Hours to be Paid at Transfer _____

PLANNED WORKING TIME (IT0007) *sets up employee relationship to the University*

Work schedule rule: _____ Total Employee Percentage of Effort _____

COST DISTRIBUTION (IT9027)

Reason for Change: _____

The following distributions are to be open as a result of this Change Form

Dates		Position #	Cost Center	WBS Element	Wage Type	\$Rate <i>hourly/monthly</i>	Effort Percent	9 Mo
Begin	End							
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
Note: Effort Percent must equal 100% for any given point in time					Totals			

The following distributions are to be closed as a result of this Change Form

Dates		Position #	Cost Center	WBS Element	Wage Type	\$Rate <i>hourly/monthly</i>	Effort Percent	9 Mo
Begin	End							
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
					▼			
					Totals			

Employee Name: _____ Personnel #: _____

If changes to a position are required as a result of this action, please submit a Position Create/Change e-form (Transaction Code ZPPOSITION000 in IRIS).

Approval Signatures:

_____ Date _____ _____ Date _____
Department Head

_____ Date _____ _____ Date _____