



# 3501 FR.08 Faculty Data Change Form

Note: Please download and save the form locally before completing.

## EMPLOYEE INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ UPI #: \_\_\_\_\_  
 CURRENT RANK: \_\_\_\_\_ PRIMARY DEPARTMENT: \_\_\_\_\_

## DATA CHANGE (Check Box(es) for change(s) and Enter New Data Below)

Rank	Start Date	Monthly Amount	Percentage of Time/# of Hours/Fringe Code	Secondary Appointment Info
Primary Dept	End Date	FTE Annual Salary	PTAEO	Other (See Comments)
Primary Org	Total Annual Salary	Salary Effective Date	Future Action & Terminate/Suspend Date	

RANK: _____	RANK: _____	RANK: _____
PRIMARY DEPT NAME: _____	2nd DEPT NAME: _____	3rd DEPT NAME: _____
PRIMARY ORG#: _____	2nd DEPT ORG #: _____	3rd DEPT ORG #: _____
START DATE (D/M/Y): _____	APPT. TYPE _____	APPT. TYPE _____
END DATE (D/M/Y): _____	START DATE: _____	START DATE: _____
	END DATE: _____	END DATE: _____

Total Annual Salary: \_\_\_\_\_ Salary Effective Date: \_\_\_\_\_  
 Monthly Amount: \_\_\_\_\_ Percentage of Time: \_\_\_\_\_  
 FTE Annual Salary: \_\_\_\_\_ If Part Time, # of Hours: \_\_\_\_\_  
 Fringe Code: \_\_\_\_\_

Please verify that the PTAEO you are submitting is a valid working PTAEO by using the PTAEO validator ([click here](#)).  
 Note: Be sure to select "Labor" for the Transaction Type.

Project	Task	Award	Award Source and Information	Exp Type	Org #	Start Date day month year	End Date day month year	%
<i>must total 100%</i>								

Future Action: \_\_\_\_\_ Termination/Suspension Date: \_\_\_\_\_

If requesting a suspension, please add the justification to the comments.

## PREPARER INFORMATION

Prepared by: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

## AUTHORIZATIONS (Signature/Date) (Signature/Date)

Primary dept/school: \_\_\_\_\_ 3rd dept/school: \_\_\_\_\_  
 2nd dept/school: \_\_\_\_\_ Cognizant Provost: \_\_\_\_\_

<b>OFAS use only</b>			
Notes: _____			
Reviewed by: _____		Entered by: _____	
Name	Date	Name	Date