

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