

CHANGE OF ASSIGNMENT, TITLE OR CONDITIONS OF ASSIGNMENT FOR CIVIL SERVICE STAFF SOUTHERN ILLINOIS UNIVERSITY

Please check the appropriate box below:

- This transaction does not involve a change in costing/costing distribution. No costing form is required.
- This transaction does involve a change in costing/costing distribution. A costing form is attached.

Name: Last First Middle Employee ID

Effective date(s) for change: Beginning Date _____ Ending Date for Change (if applicable)* _____

*Change will revert back to present status close of business on ending date. Leave blank if change is continuing.

Mailcode (Campus correspondence will be mailed to this address). _____ Campus Phone: Visit the [Telecommunications website](#) for instructions.

	PRESENT STATUS	RECOMMENDED STATUS
Position ID		
Classification (Job)		
Department (Organization)		
Building (Location)		
Room		
Appointment Type*		
Union Name, Local No., and Bargaining Unit		
Salary Basis**		
Percentage of Time (FTE)	%	%
Full-time Equivalent Monthly Salary*** or Hourly Rate	<input style="width: 100px; height: 20px;" type="text"/> <input type="radio"/> Monthly <input type="radio"/> Hourly	<input style="width: 100px; height: 20px;" type="text"/> <input type="radio"/> Monthly <input type="radio"/> Hourly

***Appt type =**

- Permanent and Continuous Trainee
 Contract Learner
 Temporary Extra Help
 Apprentice Other _____

****Salary Basis =**

- Monthly exempt 8 month flex year (8/16-12/15 and 1/16-5/15)
 Monthly nonexempt 9 month flex year (8/16-5/15)
 Fiscal standard rate (37.5 hour week) 10 month flex year (8/1-5/31)
 Fiscal forty rate (40 hour week) Fiscal prevailing rate

***SIU's payroll system will calculate the actual salary by multiplying the full time equivalent salary by the percentage of time.

Reason for change (Check all that apply):

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Change of Salary | <input type="checkbox"/> Change of FTE ¹ | <input type="checkbox"/> Extend flex year appt | <input type="checkbox"/> Workers' Comp. leave | <input type="checkbox"/> Military leave (unpaid) |
| <input type="checkbox"/> Change of Classification | <input type="checkbox"/> Change of appt. type | <input type="checkbox"/> Exercising retreat rights | <input type="checkbox"/> Educational leave (unpaid) | <input type="checkbox"/> Personal leave (unpaid) |
| <input type="checkbox"/> Change of Salary Basis ¹ | <input type="checkbox"/> Seasonal Layoff | <input type="checkbox"/> Extend extra help position | <input type="checkbox"/> FMLA (unpaid) | <input type="checkbox"/> Return from leave |
| <input type="checkbox"/> Other (specify below): _____ | <input type="checkbox"/> Regular Layoff | <input type="checkbox"/> SURS disability leave | <input type="checkbox"/> Medical leave (unpaid) | |

¹Reduction of FTE or months of appointment for permanent and continuous employees requires the approval of Human Resources.

THE FOLLOWING ITEMS APPLY TO THE RECOMMENDED STATUS:

FLSA: In accordance with the Fair Labor Standards Act, this position is:

- Non-exempt-Time worked must be reported and overtime compensated
- Exempt-Time worked is not reported for payroll purposes and overtime is not compensated

Probationary Period: The individual in this position will be required to serve a probationary period of:

- Six Months Twelve Months

NPRE: This position is:

- Range Negotiated
 Prevailing Established

Other terms and conditions of employment:

- Rate includes uniform allowance of _____
- Other (specify): _____
- Residency required for the convenience of the University
- Rate includes shift differential of _____ or _____ %

Name of Supervisor: _____

I agree that if appointed my terms and conditions of employment will include the laws of Illinois, including Board of Trustees legislation, and all policies and regulations from time to time issued pursuant thereto, all of which will be as much a part of the applicant's employment contract as if set out in full therein, and that such terms and conditions as from time to time amended will continue to govern in any change of assignment.

I understand that if this position is defined as a security sensitive position, that my continued employment is contingent upon successful completion of any applicable statewide post-employment investigations.

I hereby affirm that the information which I submitted in consideration for the position(s) to which I am being appointed (including but not limited to resume or application, curriculum vitae, and/or transcripts) is true and correct. I understand that if any of the information submitted in application for employment is a misrepresentation or if facts have been omitted, I may be subject to discharge from employment.

I have read the terms and conditions of employment stated in this document and agree to them.

ADMINISTRATIVE APPROVALS (As required by campus)

Employee Signature _____ Date _____

Chair/Fiscal Officer	Date	Dean/Director	Date	Vice Chancellor/Provost	Date
Other administrative approval	Date	Chancellor	Date	President	Date