

CHANGE OF ASSIGNMENT, TITLE OR CONDITIONS OF ASSIGNMENT FOR GRADUATE ASSISTANTS

Not for extension of appointment

SOUTHERN ILLINOIS UNIVERSITY

Please mark the appropriate statement:

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 _____ AIS No _____ Student ID/DawgTag _____

Effective Date for Change:	Beginning Date: _____	Ending Date for Change (if applicable)* _____
*Change will revert back to the present status close of business on ending date.		

Mailcode (Campus correspondence will be mailed to this address) _____

Campus Phone: Visit the [Telecommunications website](#) for instructions.

	PRESENT STATUS	RECOMMENDED STATUS
Position ID1:		
Category (Job)	<input type="radio"/> Teaching <input type="radio"/> Administrative <input type="radio"/> Research <input type="radio"/> Law Clerk <input type="radio"/> Intern <input type="radio"/> TA/RA	<input type="radio"/> Teaching <input type="radio"/> Administrative <input type="radio"/> Research <input type="radio"/> Law Clerk <input type="radio"/> Intern <input type="radio"/> TA/RA
Department\School (Organization)		
Hiring Program Area		
Building (Location)		
Room		
Appointment Type	Term	Term
Salary Basis	<input type="radio"/> Fiscal (12 month) <input type="radio"/> Academic (standard 9 month) <input type="radio"/> Academic (Prorate)	<input type="radio"/> Fiscal (12 month) <input type="radio"/> Academic (standard 9 month) <input type="radio"/> Academic (Prorate)
Percentage of Time (FTE)	%	%
Full-time equivalent monthly salary*		
Position ID2:		
Category (Job)	<input type="radio"/> Teaching <input type="radio"/> Administrative <input type="radio"/> Research <input type="radio"/> Law Clerk <input type="radio"/> Intern <input type="radio"/> TA/RA	<input type="radio"/> Teaching <input type="radio"/> Administrative <input type="radio"/> Research <input type="radio"/> Law Clerk <input type="radio"/> Intern <input type="radio"/> TA/RA
Department\School (Organization)		
Hiring Program Area		
Building (Location)		
Room		
Appointment Type	Term	Term
Salary Basis	<input type="radio"/> Fiscal (12 month) <input type="radio"/> Academic (standard 9 month) <input type="radio"/> Academic (Prorate)	<input type="radio"/> Fiscal (12 month) <input type="radio"/> Academic (standard 9 month) <input type="radio"/> Academic (Prorate)
Percentage of Time (FTE)	%	%
Full-time equivalent monthly salary*		

*HRMS will calculate the actual salary by multiplying the full-time equivalent salary by the percentage of time.

Reason for change (Mark all that apply):

- Change of salary Change from fiscal to academic Change of FTE
 Change from academic to fiscal Change of category
 Other (specify): _____

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SOUTHERN ILLINOIS UNIVERSITY

Name	Last	First	Middle	AIS No	Student ID
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Special conditions of appointment:

Other terms and conditions of appointment:

If the source of funds for this appointment is an external grant or contract, this appointment is contingent on the availability of funds in the external account.

I agree that if appointed my terms and conditions of appointment will include the laws of Illinois, including Board of Trustee 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 appointment 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 or renewal of the appointment.

I hereby affirm that the information which I submitted in consideration for the position 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 this position is a misrepresentation or omission of facts, I may be subject to discharge from this appointment.

I understand that if my position is defined as a security sensitive position, that my continued appointment is contingent upon successful completion of any applicable statewide post-appointment investigation(s).

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

Signature of Student

Date

ADMINISTRATIVE APPROVALS (As required by campus)

Recommendation: I certify that the appointee meets the position requirements and recommend this appointment.

Signature of Chair/Fiscal Officer

Date

Signature of Dean/Director

Date

Signature of Vice Chancellor/Provost

Date

Printed Name of Chair/Fiscal Officer

Printed Name of Dean/Director

Printed Name of Vice Chancellor/Provost

Signature of Other Admin Approval

Date

Signature of Chancellor

Date

Signature of Dean of the Grad School

Date

Printed Name of Other Admin Approval

Printed Name of Chancellor

Printed Name of Dean of the Grad School