

Change Form

Instructions

- Use this form for staff, CUPE or students to request temporary or ongoing changes, including changes to the cost centre to which salary is to be charged.
- Please download and complete this form using Adobe Acrobat.
- Sign and submit the completed form to the next signing authority for approval.
- To electronically sign the form, you will need to download and save it.
- Required fields are those designated with a red perimeter or an asterisk '*'

Notes

- Salary or End Date changes to casual employee type can be completed in [Workday](#). All other changes can be completed using this form.
- All faculty / non-faculty changes are completed on a revised appointment. Changes to the cost centre to which the faculty / non-faculty members salary is to be charged can be made using a [Change Costing Allocation Request Form](#).
- For more information, please review [Change Form Completion Instructions](#) or [Employee Job Change Chart](#) located on the HR Forms site.
- This form is used for requesting changes to where an employee's salary and benefits are to be charged to on a go forward basis. If you need to request a correction for salary and benefit amounts that have already been paid and processed, please use the [Salary Expense Transfer Request Form](#).

Important deadlines: For changes to be reflected on the incumbent's next pay, please ensure requests are received by [payroll cut-off](#).

Section A: CHANGE REQUEST INFORMATION

*Incumbent First Name: _____ *Last name: _____

*Position #: _____ *Employee ID: _____ *Employee Type: _____

*Current Job title: _____

Section B: EMPLOYEE DETAILS

Change Details	New Details (with the exception of required fields, only complete for requested changes)		
*Effective date of change: (mm/dd/yyyy)			
Effective end date: (mm/dd/yyyy) <small>(This field is required for fixed term employees)</small>	Please request extensions longer than 3 months through iCIMS		
Job title:			
Reports to Name:			
Supervisory Organization name:			
Organization ID #:	SUPORG XXXXX		
Location:			
*Salary (\$):	*Current \$	*New \$	*Period:
Hours per week:	Default: [pick one]		Scheduled:

Section C: CHANGE TO WORK SCHEDULE

Complete this section for staff with part time or unique schedules.
This schedule is used to calculate time off, stat holiday pay, vacation and overtime.

- Please indicate the daily start and end time for the position (*please use 24 hour format*).
- Days off should be left blank.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out

Change Form

Section D: WORKORDER APPROVER & SALARY ALLOCATION (required)

Current Account and Posting Attributes:

Note: A signature for the current cost centre is not required when recording new account and cost centre changes; the approval for the current cost centre(s) is required for any other changes if the allocation is remaining the same.

*Account	*Workorder	*Percent Distribution	Monthly (\$)	Approval & Authorization (Cost Centre Manager/PI/authorized delegate)	
				Print Name	Cost Centre Signature
XXXXX	XXXXX - XXXXX - XXX				
XXXXX	XXXXX - XXXXX - XXX				
XXXXX	XXXXX - XXXXX - XXX				

New Account and Posting Attributes: (complete only if requesting change)

Account	Workorder	Percent Distribution	Monthly (\$)	Approval & Authorization	
				Print Name	Cost Centre Signature
XXXXX	XXXXX - XXXXX - XXX				
XXXXX	XXXXX - XXXXX - XXX				
XXXXX	XXXXX - XXXXX - XXX				

Yes No This role is funded through external research.
 Yes No I certify that the named individual will perform work related to the funding sources(s) as allocated and that they are an eligible expense on the work order(s).

This allocation will continue until: _____ Notes:

- As of this date the salary will revert to the default cost centre assigned to the worker unless a new form is completed and submitted. If the default cost centre is closed a new cost centre will need to be provided in a timely manner.

Section E: RATIONALE FOR CHANGE

Section F: APPROVALS & AUTHORIZATIONS

	Print Name	Signature	Date (mm/dd/yyyy)
Requester (If different from section D)			
Employee (Required for changes to salary and extensions)			
Chair / Department Head (Required for all changes)			

Please forward completed form to your [HR Partner](#).

HR Partner Partner (Required for staff changes)			
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