

Colleges and Affiliates Change Form Completion Instructions

1.0 Purpose

- 1.1 The purpose of this instruction guide is to define the steps required to effectively complete the Colleges and Affiliates Change Form to initiate temporary or ongoing changes to employees.

2.0 Scope

- 2.1 The Colleges and Affiliates Change Form is to be used for initiating changes to an employee on a temporary or ongoing basis such as:
- Job title
 - Salary changes
 - End dates for temporary employees
 - Change to employee type
 - Scheduled weekly hours

3.0 Roles & Responsibilities

- 3.1 The Requester is responsible for:
- 3.1.1 Completing the Colleges and Affiliates Change Form in a timely and comprehensive manner.
- 3.1.2 Obtaining the required approvals/signatures required for the requested change
- 3.1.3 Sending the required documentation to Human Resources in a timely manner by the payroll deadline (electronic or hard copy will be accepted)
- 3.2 Human Resources is responsible for:
- 3.2.1 Reviewing and validating the information captured on the Colleges and Affiliates Change Form. If information is missing or inaccurate, Human Resources will be responsible for sending the form back to the requester and requesting the missing information.
- *Please note:** Missing or inaccurate information and/or approvals will affect the timely processing of the form and may result in payroll delays.*
- 3.2.2 Updating position and/or employee data in the Human Resources Management System (HRMS).

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4.0 Terms, Definitions and Instructions

The following table defines the fields in the Colleges and Affiliates Change Form and provides instructions for using and completing the form.

SECTION A: CHANGE REQUEST INFORMATION	
Term	Definition
Incumbent name:	Name of employee in role.
Position # [of role to be Changed]:	Eight-digit identification number assigned to the position affected by this change.
Employee ID:	Six-digit employee identification number assigned to the incumbent.
College/Affiliate:	Name of College or Affiliated School.
Current Job title:	Enter the incumbents current job title as recorded on the landing page within Workday under the incumbent's name
Employee Type	Select the appropriate Employee type from the drop-down menu as recorded on the landing page within Workday
SECTION B: EMPLOYEE / POSITION DETAILS	
In this section, please fill out only the details that are changing unless required field . An effective start date is required for all changes , only indicate end date if the change request is temporary.	
Effective date of change:	Select the effective date of the change you are requesting. <i>This field is required for all changes.</i>
Effective end date:	Enter the effective end date of the appointment, for temporary/definite term only.
Job title:	Enter incumbents job title
Salary (CDN \$):	Enter the current salary for the employee and the new salary if changing. <i>This field is required for all changes.</i>
Salary Period	Enter the frequency of salary (hourly, monthly, or annually) Please ensure you complete this field if research compliance is required
Hours per week:	Select the appropriate option from the drop-down menu. Must be either 35, 37.5, or 40 hours per week. Note: cannot be greater than the Scheduled hours per week
Scheduled hours per week	Enter the number of hours scheduled per week. This determines the FTE of the employment for part time employees.
Monthly stipend amount (CDN \$):	Indicate the current (if applicable) amount and the new amount (if applicable).
SECTION C: RATIONALE FOR CHANGE	
Rationale for change:	Use this field to identify additional details and provide any rationale. It is important to provide as much detail as possible for processing

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SECTION D: WORKORDER APPROVER & SALARY ALLOCATION (required)	
Use this section if requesting a change to salary allocation or if research compliance is required	
Current cost center(s):	Provide current costing allocation details
Current % Distribution:	Percentage is required and must total 100%
Current Cost Centre owner name & Signature:	Name of cost center manager or signing authority/delegation required if not changing current cost center(s)
New cost center(s):	Provide new costing allocation details if change is required
New % Distribution:	If listing multiple cost centers, indicate the distribution percentage. Percentage is required and must total 100%
New Cost Centre owner name & Signature:	Name of cost center manager or signing authority/delegation required if not changing current cost center(s)
Allocation termination date	Enter date allocation will cease to be applied. At this point, the allocation will revert to the default cost center unless a new change form is provided
SECTION E: APPROVALS AND AUTHORIZATIONS	
Please obtain and date all required approvals. Digital/electronic signatures will be accepted.	
Requester:	Required for all changes (if different from SECTION D).
Employee:	Required for changes to salary and extensions
Office of Research:	Required for research-funded roles

5.0 Revision History

Revision Level	Description of Change	Date	Approved By
0	Document creation	11/1/2018	HR Admin
1	Document update	12/6/2018	HR Partner
3	Document update	07/30/2020	HR Admin

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