

**The University of Tennessee
Personnel Change Form**

Employee Name Last _____ First _____ Middle _____
Personnel # _____
Responsible Cost Center # _____ **Cost Ctr Name** _____
Preparer _____ **Phone #** _____

EFFECTIVE DATE OF ACTION _____

SELECT AN ACTION (enter X in appropriate box)

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Position Change/Transfer | LOA with Pay-Must use E-form | <input type="checkbox"/> Transfer Friend to Pending |
| Percent Fulltime Change-Must use E-form | | <input type="checkbox"/> Promote/Transfer Friend |
| Pay/Funding Change-Must use E-form | LOA without Pay-Must use E-form | <input type="checkbox"/> Transfer Out of Position |
| <input type="checkbox"/> Corporate Function Change (Ag. Extension) | Return from Leave-Must use E-form | <input type="checkbox"/> Tenure Change |
| | | Recurring Payment-Must use E-form |

ACTION (IT0000)

Reason for Action: ▼

Explanation of Action:

ORGANIZATIONAL ASSIGNMENT (IT0001) *changes employee relationship to entire University organization*

Payroll Area Monthly Biweekly Non-Pay

Personnel Area: _____ Personnel SubArea: _____

Employee Group: _____ Employee SubGroup: _____

% of Effort	Position Number	Position Name	Org. Unit Number	Primary Position?	Remove Position?	Start Date	End Date
			Org. Unit Name				

For Ag. Extension Appointments Only:

CORPORATE FUNCTION Percentage _____
 CORPORATE FUNCTION Percentage _____
 CORPORATE FUNCTION Percentage _____

Employee Name: _____

Personnel #: _____

TENURE (IT9022) *To be used for Faculty Tenure Changes*

Tenured On Tenure Track Not on Tenure Track Ineligible for Tenure-HSC Only Emeritus

Tenure Department Cost Center and CIP Code: _____

Date Tenure Granted: _____

Tenure Review Date: _____

Academic Rank: _____

Academic Rank Date: _____

Sub Department CIP Code: _____

Prior Employer: _____

Academic Rank Prior Institution: 1-Professor 2-Assoc. Professor 3-Asst. Professor 4-Instructor 5-Lecturer

Tenure Status Prior Institution: _____ Years of Service at Prior Institution: _____

TIME QUOTA COMPENSATION (IT0416)

No. of Comp. Hours to be Paid at Transfer _____

No. of Annual Leave Hours to be Paid at Transfer _____

PLANNED WORKING TIME (IT0007) *sets up employee relationship to the University*

Work schedule rule: _____ Total Employee Percentage of Effort _____

COST DISTRIBUTION (IT9027)

Reason for Change:

The following distributions are to be open as a result of this Change Form

Dates		Position #	Cost Center	WBS Element	Wage Type	\$Rate <i>hourly/monthly</i>	Effort Percent	9 Mo
Begin	End							
Note: Effort Percent must equal 100% for any given point in time					Totals		0	

See next page to close distributions.

Employee Name: _____

Personnel #: _____

The following distributions are to be closed as a result of this Change Form

Dates		Position #	Cost Center	WBS Element	Wage Type	\$Rate <i>hourly/monthly</i>	Effort Percent	9 Mo
Begin	End							
Totals								

If changes to a position are required as a result of this action, please submit a Position Create/Change e-form (Transaction Code ZPPOSITION000 in IRIS).

Approval Signatures:

_____ Date _____
Department Head

_____ Date _____

_____ Date _____

_____ Date _____

PLEASE NOTE: If this person is changing departments/responsible funds center and needs to maintain existing IRIS access, please contact the applicable IRIS User Coordinator before submitting this form. IRIS User Coordinator contact information is available on the IRIS website under the Contacts/Support link: <http://iris.tennessee.edu/help.htm>.