

# INSTRUCTIONS FOR CSUSB FACULTY/STAFF OVERLOAD PERSONNEL TRANSACTION REPORTS

All changes in employment status must be completed in every case where there is an employee change in job classification, salary rate, job status or termination. **This form must be received by Human Resources - University Enterprises Corporation at CSUSB ("UEC") 4 DAYS PRIOR to the effective date.** If you have any questions regarding this form, please contact UEC Human Resources at [hr-fdn@csusb.edu](mailto:hr-fdn@csusb.edu) or 909-537-7589.

**EMPLOYEE LEGAL NAME:** Enter employee's legal name (last name, first name, middle initial,).

**EFFECTIVE DATE:** Enter as follows: *New Hires* - first day employee is scheduled to work, *Rehires* - first day employee returned to work, *Reappointment* – first day of new budget period, *Change* – date change is to occur. *Separation* – date separation is to occur.

**ACTION TYPE:** *New Hire* = new employee for your department, *Rehire* = former employee of your department that will begin working for you again, *Reappointment* = Department is maintaining employee into new budget period, *Change* = must complete the Change Actions section, *Separation* = no longer working for this department/project as of effective date; *Must also enter a reason for separation.*

**CHANGE ACTION TYPE:** Check all that are applicable. If *Other* please explain.

**STATUS TYPE:** Check only one. If *CSUSB Staff*, check state classification of exempt or non-exempt.

**EMPLOYEE CLASSIFICATION:** Check only one. A One Time Appointment requires a separation date within the same pay period as the effective date.

**FUNDING SOURCE:** MUST enter all four current funding source numbers Account # / Fund# / Department # / Project # (23 alpha-numeric digits total). If there is a change in funding source, enter the new funding source as well.

**DISTRIBUTION %:** Indicate what percentage of time should be attributed to that particular funding source.

**RATE CHANGE REASON:** Please provide reason for pay rate change.

**PAY RATE:** List employee's hourly or daily pay rate. If a change is being made to the pay rate, enter the current rate, before rate change. **If the project is a Federal Grant /Contract the hourly rate for CSUSB Staff and Faculty must be equal to or less than their current CSUSB rate of pay.** All pay rates must be verified and approved by authorized state personnel, (i.e. Department AAS or Campus HR Department). For questions, contact the Provost Office Representative or the Campus HR Department.

**% RATE DIFF:** If the change is to the pay rate, enter the percentage difference from the current rate to the proposed rate.

**PROPOSED NEW PAY RATE:** If the change is to the pay rate, list the new proposed rate of pay.

**# OF HOURS PER WEEK:** List the number of hours per week that is scheduled to work on UEC business.

**UEC JOB TITLE:** Print employee's working job title for University Enterprises Corporation at CSUSB.

**POSITION CHANGE REASON:** If applicable, please specify.

**WORK LOCATION:** Check one. If off-campus, enter location.

**THIS POSITION:** Check one. This indicates to Human Resources if additional information is required for this position.

**COMMENTS:** Use this space to inform the Human Resources of special instructions or information.

**DEPT/PROJECT NAME:** Please enter the name of the UEC project or department which corresponds with the funding source.

**BUDGET PERIOD:** Enter the beginning and ending date of the budget period for the department/project. It may be the fiscal year, calendar year, or specific to your project (not to exceed one year).

**DIRECTOR/PI:** Please print the name, email address and phone number/extension of the department/project Director or Principal Investigator.

**CONTACT PERSON:** If the project/department has a specific contact person (such as an Administrative Assistant) for Human Resources to use as a primary contact, enter their name, email address and phone number/extension.

**SIGNATURES:** The following signatures are required: Authorized Signer for the Account (authorized signers cannot sign for their own employment transactions, instead this line should be signed by their direct supervisor), Dean or Chair (for faculty only), Pay Rate Approval from appropriate state personnel, Budget Approval and a Human Resources Representative.