

**Personnel Transaction Report  
(PTR)  
Employment & Employee Changes**

All changes in employee 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 Human Resources.

**EMPLOYEE INFORMATION**

Legal Last Name	Legal First Name	Middle Initial
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All employees are required to meet federally mandated I-9 work eligibility and authorization procedures. All employees therefore must present acceptable work authorization documents in person to Human Resources-UEC and receive an "Authorization to Begin Work Form" **PRIOR to their first day of work as a new hire or rehire.**

**EMPLOYMENT ACTION AND CLASSIFICATION**

<b>Effective Date</b>	<b>Action Type</b>	<b>Change Action Type</b>	<b>*HR approval required</b>
(Review instructions on the back of this form)	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Reappointment <input type="checkbox"/> Change	<input type="checkbox"/> Funding Source Change <input type="checkbox"/> Add <input type="checkbox"/> Delete Funding Source <input type="checkbox"/> Distribution Change % <input type="checkbox"/> Pay Rate Change *	<input type="checkbox"/> Position Change/Reclassify * <input type="checkbox"/> Leave of Absence * From: _____ To: _____ <input type="checkbox"/> Other: _____

<b>Employee Classification</b>	<i>Non-Benefited, Non-Exempt Employee</i>	
<b>Benefited Employee</b> <input type="checkbox"/> MP * <input type="checkbox"/> Staff Exempt * <input type="checkbox"/> Staff - Benefited (20-40 hrs/wk) *HR approval required	<b>Variable Hour Employee</b> <input type="checkbox"/> Staff - (19 or less hrs/wk) <input type="checkbox"/> Student - (20 hrs/wk See Guidelines) <input type="checkbox"/> Interim * - (<25 hrs - 90 days max) # of days: _____ End Date: _____	<b>Temporary Employee * (30+ hrs/wk)</b> <input type="checkbox"/> One Pay Period Only <input type="checkbox"/> Emergency Appt (12 wks or less) # of days: _____ End Date: _____

**FUNDING SOURCE AND DISTRIBUTION INFORMATION**

	Account #	Fund #	Department #	Project #	Distribution %	Add'l Campus Jobs
<b>Current</b>						
<b>New</b> (If applicable)						<input type="checkbox"/> UEC <input type="checkbox"/> State <input type="checkbox"/> None

Add'l Funding Source Information:

**JOB INFORMATION**

<b>Rate Change Reason</b> (if app)	<b>**Pay Rate</b> <small>** (HR must approve)</small>	<b>% Rate Diff</b> <small>current vs. proposed new rate</small>	<b>**Proposed New Rate</b> (if app)	<b>Hours/Week</b>
<input type="checkbox"/> Merit (attach evaluation) <input type="checkbox"/> Promotion (HR approval req) <input type="checkbox"/> Other _____	Monthly: _____ Hourly: _____ Daily: _____		Monthly: _____ <small>** (HR must approve ALL pay rates)</small> Hourly: _____ Daily: _____	

**UEC Job Title: Req.** \_\_\_\_\_

<b>Position Change Reason</b>	<b>Work Location</b>	<b>This position:</b>
<input type="checkbox"/> Promotion (HR approval req) <input type="checkbox"/> Reclassification <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus Location: _____	<input type="checkbox"/> Has supervisory authority (AB1825 Training required) <input type="checkbox"/> Works with Children and/or LiveScan required: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Has accounting responsibilities (Credit/Background Ck required) <input type="checkbox"/> None of the above

**Comments:** \_\_\_\_\_

**DEPARTMENT AND CONTACT INFORMATION**

<b>Dept/Project Name:</b> _____	<b>Director/PI:</b> (please print) _____
	Email: _____ Phone: _____
<b>Budget Period:</b> (Not to exceed one year) Req. From: _____ To: _____	<b>Contact Person:</b> (please print) _____
	Email: _____ Phone: _____

**EMPLOYMENT AUTHORIZATON**

**TRANSACTION IS NOT OFFICIAL WITHOUT ALL REQUIRED SIGNATURES AND FINAL HR APPROVAL**

Authorized Signer: _____	Date: _____	<b>HR:</b> _____ <b>Date:</b> _____
Budget Approval: _____	Date: _____	<b>Appt Ltr:</b> _____ <b>Date:</b> _____
<b>HR only:</b> PSID: _____ EmpRec: _____		
<b>Distribution:</b> Original: HR Copy: Payroll Copy: Employee Department to retain own copy		