

**Personnel Transaction Report  
(PTR)  
CSUSB Faculty & Staff Overload**

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>  (Review instructions on the back of this form)	<b>Action Type</b>	<b>Change Action Type</b>
	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Reappointment <input type="checkbox"/> Change <input type="checkbox"/> Separation → Reason: _____	<input type="checkbox"/> Funding Source Change <input type="checkbox"/> Add Funding Source <input type="checkbox"/> Distribution Change % <input type="checkbox"/> Pay Rate Change <input type="checkbox"/> Position Change <input type="checkbox"/> Other: _____

<b>Status Type</b>	<b>Employee Classification</b>
<input type="checkbox"/> CSUSB Faculty <input type="checkbox"/> CSUSB Staff <small>ck State classification below</small> <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> One Time Appt (One pay period) <input type="checkbox"/> Temporary On-Call Overload/Add'l Compensation

**FUNDING SOURCE AND DISTRIBUTION INFORMATION**

	Account #	Fund #	Department #	Project #	Distribution %
<b>Current</b>					
<b>New</b> (If applicable)					

Add'l Funding Source Information:

**JOB INFORMATION**

<b>Rate Change Reason</b> (if app)	<b>**Pay Rate</b>	<b>% Rate Diff</b>	<b>**Proposed New Rate</b> (if app)	<b>Hours/Week</b>
	<small>**Dept AAS must approve Pay Rate</small> Hourly: _____ Daily: _____	current vs. proposed new rate	<small>**Dept AAS must approve Pay Rate</small> Hourly: _____ Daily: _____	

**UEC Job Title:** \_\_\_\_\_

<b>Position Change Reason</b>	<b>Work Location</b>	<b>This position:</b>
<input type="checkbox"/> Specify: _____	<input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus: _____	<input type="checkbox"/> Works w/Children <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Live Scan Required <input type="checkbox"/> YES <input type="checkbox"/> NO

**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) <b>Req.</b>	<b>Contact Person:</b> (please print) _____
From: _____ To: _____	Email: _____ Phone: _____

**EMPLOYMENT AUTHORIZATION**

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

Authorized Signer: _____	Date: _____	HR: _____ Date: _____
Dean or Chair: _____	Date: _____	
Pay Rate Approval: _____	Date: _____	
Budget Approval: _____	Date: _____	

**HR only:** PSID: \_\_\_\_\_ EmpRec: \_\_\_\_\_  
 Distribution: Original: HR Copy: Payroll Copy: Employee Copy: Department