

# Brandeis University

Today's Date

## Employee Change Form (ECF)

 Staff  Faculty  Post Doc  Temporary

Prepared By:

Ext:

### Current Employee Information

First Name  M.I.  Last Name  Employee ID  Eff. Date Home Dept  Position Title  Supervisor 

### Action(s) & Reason(s) Please check any that apply. Should you need to provide further explanation, please use the "Remarks" space below.

 Pay Rate Change  Data Change  Transfer  Other (please explain in Remarks) Leave of Absence\*  Paid  Unpaid Termination 

Remarks:

*Please use this section to provide additional details*Leave Begins Return to Work on Last Day Worked **\*For FMLA related Leaves of Absence, please contact Benefits**

### Proposed Employee Changes Please complete only the boxes that apply.

Position Title  Supervisor *Complete for pay changes* Pay Frequency  Pay Rate  Annual Salary *Complete for schedule changes* Hours/Week  Weeks/Year  FTE  FLSA Status 

### Proposed Position Funding Information Please complete this section ONLY if there is a funding change accompanying an employment change.

**Acct Fund DeptID Program Project/Grant \*Percentage %**

%

%

%

%

%

%

\*Percentage must add up to 100%

%

Acct - 4 digits

Fund - 2 digits

DeptID - 5 digits

Program - 5 digits

Project/Grant - 9/6 digits

*If you need more space to complete this section, please attach a separate piece of paper detailing the proposed position funding information.*

### Signatures/Approvals Please print and sign your name

Department Head

Date

Principal Investigator (if grant funded)

Date

Department Budget Manager

Date

Office of the Provost (for Post Doc Fellows)

Date

Dean, Provost, or Senior Vice President

Date

Office of Budget &amp; Planning

Date

### Human Resources Use Only (Do not complete this section)

 Univ/Capital Grant fundedApproved By  Date  Emplid  Pos #  Empl Rec # Entered By  Date  Audited By  Date

# Brandeis University

Below is a description of responsibilities of each authorized signature. Please refer to the Approval Matrix in order to determine which signatures are required for a specific action.

## **Department Head confirms:**

- position is essential to the operation of the Department/RCM/Center or Institute
- funding is available within specific Department/RCM/Center or Institute current and future Original Budgets
- accuracy of chargeline(s)

## **Budget Manager confirms:**

- position is essential to the operation of the Department/RCM/Center or Institute
- funding is available within overall Original University Budget and specific Department/RCM/Center or Institute current and future Original Budget
- accuracy of chargeline(s)

## **Principal Investigator confirms (if applicable):**

- that the expense being charged to the grant is necessary to achieve the objectives of the approved grant
- the the expense is allocable to that particular project
- that the expense is allowed and that the funds are available

## **Sponsored Programs Accounting confirms (if applicable):**

- that the expense complies with the terms and conditions of the award

## **Dean, Provost, or Senior Vice President confirms:**

- position falls within the constraints of the Board Approved Original University Budget
- that replacement, new hire, and/or new position is essential to the operation of the University
- that the position is consistent with the objectives of the University's Integrated Plan

## **Human Resources**

- reviews submitted justification, particularly concerning instances when the University is in a hiring freeze
- confirms comparable compensation
- confirms equity
- confirms appropriate signatures have been obtained
- confirms fair search process has/will be adhered to when applicable

## **Office of Budget & Planning confirms:**

- funding source(s)
- fiscal-year-to-date salary expense
- position falls within the constraints of the Board Approved Original University Budget