## JOB DATA CHANGE OR SEPARATION

**University of North Dakota**

**HRMS**

### Current Information

<table>
<thead>
<tr>
<th>EMPL ID#</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>POSITION #</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000000</td>
<td>Doe</td>
<td>Jane</td>
<td>Beth</td>
<td>0015790</td>
</tr>
</tbody>
</table>

- **DEPT ID**: 3250
- **DEPT NAME**: Human Resources and Payroll
- **STANDARD HOURS**: 15
- **JOB CODE**: 410502
- **EMP RCD #**: 0
- **EFFECTIVE DATE**: 2/16/2012

### Change (Select Type of Action and Enter Correct Information)

#### Termination
- **LAST DAY TO BE WORKED**: 2/15/2012
- **REASON**: Transfer within UND

If transferring, provide name of UND department, NDUS Institution or Other State Agency:

- **EERC 1120 position 00018435**

If leaving UND, provide Off-Campus Email Address:

#### Pay Rate Change

- **FROM $**
- **PER**
- **TO $**

**REASON**: Explain where $$’s are going to or coming from to fund this Pay Rate Change

#### CHECK IF FUNDING SOURCES HAVE BEEN VERIFIED AND ARE ACCURATE ON THE DEPARTMENT BUDGET TABLE

#### Leave of Absence

- **SALARY PAID?**
- **BENEFITS PAID?**
- **REASON FOR LEAVE**
- **RETURN DATE**

**NDUS Human Resource Policy Manual 21.2 states that leave without pay of twenty-one or more days requires approval of the appropriate administrative officer. Note: Departments must submit a Job Data Change or Separation form when returning from Leave of Absence.**

#### Return from Leave of Absence

#### Business Title (Functional Title)

- **FROM**: 
- **TO**: 
- **REASON**: 

#### Standard Hrs Worked/Wk

- **FROM**: 
- **TO**: 
- **REASON**: 

- **Permanent**
- **Temporary**

#### Other

- **FROM**: 
- **TO**: 
- **CHANGE/REASON**: 

### Additional Information:

**NOTE**: A change in position number, requires this form to terminate the current position no. and a Job Data Hire form to hire into the new position no.

- **Dept. Contact Name**: Anita Kemnitz
- **Phone**: 7-2163
- **Box**: 7127

**Recommended Official Signature**

**Date**

**Additional Approving/Reviewing Signature**

**Date**

**Approving Official Signature**

**Date**

**Reviewing Authority**

**Date**

**LAST UPDATED 07/25/2012**