

Required information for all requests:

Employee Name _____

Employee ID # _____ Employment Rcd # _____

Effective Date _____ Action and Reason _____

Complete only the information that changes from the current row.

Position Number _____ Home Dept/TIU _____

Standard Hours/FTE _____ Compensation Rate _____

Qtrs/Smstrs Worked _____

**JED – All retroactive JED changes must be made as a GL Adjustment.*

Comments

Submitted by

Name _____ Phone _____ Date _____

FAX this form to OHR Payroll at (614) 688-3640