

**CAS Appointment Request and Change Form**

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| **Date:** |       | **Requested By:**  |       | **Effective Date:** |       |

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| **Changes:** | **New Hire** | **Edit Existing Job** | **EDR** | **Change Status** | **Additional Pay** |
| Title | Pay | FTE | LOA | RFL | TERM | SUP | SUM |  OLB | AWD | MOV |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Full** **Name**:  |       | **EMPL ID #:** |       |

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| **Position Title:** |       | **Job Code:** |       |

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| **Salary:** | $       | **per** | [ ]  Hour [ ]  Year | **Faculty Only 1/9 (Monthly)** | $       | **FTE:** |       |

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| **Work Begin Date:** |       | **Work End Date:** |       | **Contract Months:** | [ ]  4.5 [ ]  9 [ ]  12 |

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| **Monthly Amt.:** | $       | **Total Goal Amt.:** | $       |

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| **Account (Dept.) Number** | **Acct. (Obj.) Code** | **% of Pay** | **Salary Amt.** | **Fringe Amt.** |
|       |       |       | $       | $       |
|       |       |       | $       | $       |
|       |       |       | $       | $       |
|       |       |       | $       | $       |

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| **Dept.** | **Course #** | **Sect. #** | **Course Title** | **Course Begin Date** | **Course End Date** |  | **Required Training Assignments:** |
|       |       |       |       |       |       | [ ]  Lab Safety |
|       |       |       |       |       |       | [ ]  Bloodborne Pathogens |
|       |       |       |       |       |       | [ ]  Biosafety | [ ]  Tuberculosis |
|       |       |       |       |       |       | [ ]  DOT Shipping |
| New Hire Background Check Submitted to HR? | [ ]  Yes [ ]  No | [ ]  Asbestos Awareness |
| **Travel Supervisor:** |       | **EMPL ID:** |       | [ ]  First Responder |
|  |  |  |  |
| **Time Supervisor:** |       | **EMPL ID:** |       | [ ]  HIPAA | [ ]  FERPA |
| [ ]  Web Clock [ ]  Mobile Punch [ ]  Time Clock [ ]  Time Sheet User | [ ]  Payment Card Industry |
| [ ]  9/80 Schedule (Employee has to be approved by HR to work 9/80 schedule) |  | [ ]  Campus Security Authority |

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| **Notes:**  |
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| **Acct. Sponsor Signature:**  |  | **Chair/Director Signature:** |  |

**ALL CAS APPOINTMENT REQUEST AND CHANGE FORMS SHOULD BE SUBMITTED A MONTH PRIOR TO THE BEGINNING OF THE PAY PERIOD IN WHICH THEY TAKE EFFECT TO ENSURE TIME FOR PROCESSING.**

Overload faculty pay and ePAF changes to employee’s who make over $100,000 must be approved by the CAS Dean’s Office and the Oklahoma Board of Regents. Please pay close attention to the Regent’s Agenda deadlines as they are different than the Payroll deadlines and the Regents do not meet every month. These deadlines are included in the monthly Payroll Deadline e-mail from the CAS Dean’s Office.