Personnel Change Notice Instructions

This form must to be used when making job or personal data changes for current employees.

MANAGERS are responsible for obtaining approvals and submitting a Personnel Change Notice (PCN) for all job-related data changes. Completed PCNs should be sent to OHR via e-mail at HR@csu.edu or can be dropped off in the OHR ADM room 203.

	INSTRUCTIONS	

The person completing the form should fill in their full name and complete phone number in Section3: "Form Completed By" section at the bottom.

Section 1:

1. In the Employee information section, enter the current legal name, Employee's University ID (UID) and current department of the employee whose data is changing. The UID is the 900 number assigned to all CSU employees. This information can be found on the employee's identification card. If the employee does not know their UID number, then the manager can contact the OHR to request the number.

2. If an employee is completing the form to make personal data changes only (address or marital status), then the form **does not require management/supervisor signature.**

3. Adjusted Hire Date is used in the following situations; when an employee is returning from an extended leave of absence, during which he/she has stopped accruing time; hire date was changed; hire date was erroneously entered into Banner.

Section 2:

Only information that is being changed needs to be completed. It is not necessary to complete all fields, however, if completing information in the CHANGE TO section, then corresponding information if the Current section must also be completed.

4. Description of items in Section 2:

   - **Employee Classification :** Use drop down menu to indicate **-** Administration; Faculty; Civil Service; Graduate Assistants; Special Hires; Non-Student Tutors; Extra Help

   - **Class Code**: The *"Change To"* code will be assigned by Budget Department; Manager should complete information in the current section.

   - **Job Reason**: Career Development, Career Path, Desk Audit, Demotion, Lateral, Promotion, Reclassification

   - **Job Title**: Indicate "Current" and "Change To" title if applicable.

   - **Position Control / CS Number**: The "Current" number can be found on the employee's Decision to Hire form; The "Change To" number will be assigned by budget or HR if civil service position.

   - **Salary Class**: Exempt, Non Exempt

   - **Rate of Pay**: Hourly and Monthly rates are required

   - **Salary Reason**: Adjustment, Demotion, Merit, Probationary Increase, Promotion

   - **Part-Time Weekly Commitment Hours**: For Special Hires or Non Student Teachers. Indicate total number or hours the employee will be working.

6. The following actions require an effective date in the Change To section: Employee Classification, Class Code, Job Reason, Position Control / CS Number, Org Code, Salary Class, Rate of Pay (must be the first day in the pay period), Salary Reason, Shift or Commitment Hour.

Section 3:

7. To ensure that no information is lost, complete a "save as" using the following naming convention before e-mailing to the HR@CSU.edu. (PCN_Last Name, First Name _ Month Year) PCN_Smith, John_0110

8. The person completing the form should fill in their full name and complete phone number in "Completed By" section.

9. Print and obtain appropriate signatures before returning to HR for processing.

   - Any changes to salary **must include** signatures from Fiscal Officer; Appropriate Vice President; Director of Budget and the Director of HR

   If this form is submitted to the HR@CSU.edu mailbox by someone other than the approving manager(s), the approving manager(s) listed on the form should be copied on the e-mail submission.

Processing/Routing: If no signature or attachments: E-mail completed form to HR@csu.edu / With signature and/or attachments: Print and fax with attachments to OHR at 773-995-2942

(Revised 03/10)

Personnel Change Notice

Please complete this box when faxing
Date:
# of Pages:
Return fax #:

EMPLOYEE INFORMATION

EMPLOYEE'S NAME (Last, First, M.I.)	UNIVERSITY ID (UID)	ACCOUNT NUMBER

Section 1	PERSONAL DATA CHANGES	EFFECTIVE DATE
EMPLOYEE'S NAME (Last, First, M.I. – must be as it appears on Social Security Card; if name change, attach copy of new Social Security Card)		NAME EFFECTIVE DATE

STREET ADDRESS	CITY	STATE	ADDRESS EFFECTIVE DATE:
COUNTY	ZIP CODE		
HOME PHONE (AREA CODE)			PHONE EFFECTIVE DATE
MARITAL STATUS (Attach appropriate forms-license)	BIRTH DATE	GENDER	MARITAL STATUS EFFECTIVE DATE

JOB RELATED CHANGES				EFFECTIVE DATE
HIRE DATE	ADJUSTED HIRE DATE(Seniority)	DEPARTMENT	REASON	
CAMPUS PHONE	CAMPUS BUILDING	FLOOR /Room Number	CAMPUS LOCATION EFFECTIVE DATE	

Complete the below based only on information that is changing. When new information is entered in the "CHANGE TO" area, corresponding information must be included in the "CURRENT" area. For example: if a job classification and class codes change, then both the current and new job classification and class codes must be reflected below. (See item 4 on PCN Instructions) The effective date for all work-related changes below must be the first day of a pay period (See item 3 on PCN Instructions).

SECTION 2

CURRENT		CHANGE TO	
Employee Classification		Employee Classification	STATUS EFFECTIVE DATE
ACCOUNT/DEPARTMENT NAME	ACCOUNT NUMBER	ACCOUNT/DEPARTMENT NAME	ACCOUNT NUMBER
POSITION CONTROL / CS NUMBER:	ORG CODE:	POSITION CONTROL / CS NUMBER:	ORG CODE:
CLASS CODE	JOB REASON	CLASS CODE	JOB REASON
JOB TITLE	JOB START DATE / JOB END DATE	JOB TITLE	JOB START DATE / JOB END DATE
SALARY CLASS	RATE OF PAY Hourly: Monthly: Annual:	SALARY CLASS	RATE OF PAY Hourly: Monthly: Annual:
LOCAL AFFILIATION	Comments :	LOCAL AFFILIATION	Comments:
SALARY REASON	SALARY EFF. DATE	SALARY REASON	SALARY EFF. DATE
PART-TIME WEEKLY COMMITMENT HOURS	EFF. DATE / END DATE	PART-TIME WEEKLY COMMITMENT HOURS	EFF. DATE / END DATE

SECTION 3

FORM COMPLETED BY	PHONE NUMBER (include area code)	DATE

APPROVAL SIGNATURES

FISCAL OFFICER	DATE	APPROPRIATE VICE PRESIDENT	DATE
DIRECTOR OF BUDGET	DATE	SPONSORED PROGAMS (if applicable)	DATE

OHR USE ONLY

PAY PERIOD	ENTRY BY	DATE ENTERED
CLASSIFICATION OFFICER	HR DIRECTOR	

Processing/Routing: If no signature or attachments: E-mail completed form to HR@csu.edu / With signature and/or attachments: Print and fax with attachments to OHR at 773-995-2942

(Revised 03/10)