



## REQUEST FOR REASSIGNMENT

**Effective Date of Action:** \_\_\_\_\_

**Reason: (check one)**

Change in FTE % - Reason: \_\_\_\_\_

Faculty Track Switch \_\_\_\_\_

Faculty Tenure Granted \_\_\_\_\_

**Employee Information:**

Employee Name (Last, First): \_\_\_\_\_

Pers Assignment Number \_\_\_\_\_

**Current Position Information**

**Proposed or New Position Information**

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Position Title     | _____ | _____ |
| <input type="checkbox"/> Pay Scale Group    | _____ | _____ |
| <input type="checkbox"/> Position Number    | _____ | _____ |
| <input type="checkbox"/> Rate of Pay        | _____ | _____ |
| <input type="checkbox"/> Pay Frequency      | _____ | _____ |
| <input type="checkbox"/> FTE% (0-100%)      | _____ | _____ |
| <input type="checkbox"/> Pers Area/Sub Area | _____ | _____ |
| <input type="checkbox"/> Emp Group/Subgroup | _____ | _____ |
| <input type="checkbox"/> Org Unit Name      | _____ | _____ |
| <input type="checkbox"/> Org Unit Number    | _____ | _____ |
| <input type="checkbox"/> ML #               | _____ | _____ |

Tenure Status: \_\_\_\_\_ **Date Tenure Granted:** \_\_\_\_\_

Comments:

<b>Approvals</b>	<b>Name</b>	<b>Date</b>
Initiator:	_____	_____
Unit Level:	_____	_____
VP Level/VP Designee:	_____	_____

**Submit completed and approved form to: Human Resources at (fax) 513-556-9652, or email to [hris@uc.edu](mailto:hris@uc.edu) .**