

Arkansas State University Assignment/Change Form

Change Type _____

ASU ID Employee Name Personal Email
 Dept Orgn College/Dept Employee Work Phone
 Dept Contact Dept Contact Phone

Proposed Detail (All Assignment Types)

Position Position Title Term Benefits Yes No
 Grade Salary Full-Time Part-Time FTE International Yes No
 Work Load % Teaching Admin Research Other Undergraduate Student Graduate Student Non Student

FUND	ORGN	ACCT	PROG	BUDGET		ANNUAL SALARY	EFFECTIVE DATES		% TO BE PAID
				Page	Line		From	To	

Supr Name ID Supr Posn Appr Name ID Appr Orgn

Present Assignment Detail (Overload, Assignment Change, Salary Change, Supervisor Change)

Position Position Title Term Benefits Yes No
 Grade Salary Full-Time Part-Time FTE International Yes No
 Work Load % Teaching Admin Research Other Undergraduate Student Graduate Student Non Student

Change Reason

FUND	ORGN	ACCT	PROG	BUDGET		ANNUAL SALARY	EFFECTIVE DATES		% TO BE PAID
				Page	Line		From	To	

Supr Name ID Supr Posn Appr Name ID Appr Orgn

Justification

Approvals	Signature	Date	Initial	Date	Initial	Date
Dept Head	_____	_____	_____	_____	Budget	_____
Dean/Admin	_____	_____	_____	_____	International	_____
VC	_____	_____	_____	_____	Sponsored Prog	_____
	_____	_____	_____	_____	Grad School	_____
	_____	_____	_____	_____	HR	_____
	_____	_____	_____	_____	Payroll	_____