

# Brandeis University

## Employee Change Form (ECF)

☐ Staff ☐ Faculty ☐ Temporary

Prepared By:

Today's Date

Ext:

### Current Employee Information

First Name  M.I.  Last Name  Employee ID  Eff. Date

Home Dept  Position Title  Supervisor

### Action(s) & Reason(s) Please check any that apply. Should you need to provide further explanation, please use the "Remarks" space below.

☐ Pay Rate Change

☐ Data Change

☐ Transfer

☐ Other (please explain in Remarks)

☐ Leave of Absence\*

☐ Paid ☐ Unpaid

☐ Termination

Remarks:  
Please use this section to provide additional details

Leave Begins

Return to Work on

Last Day Worked

*\*For FMLA related Leaves of Absence, please contact Benefits*

### Proposed Employee Changes Please complete only the boxes that apply.

Position Title  Supervisor

Complete for pay changes Pay Frequency  Pay Rate  Annual Salary

Complete for schedule changes Hours/Week  Weeks/Year  FTE  FLSA Status

### Proposed Position Funding Information Please complete this section ONLY if there is a funding change accompanying an employment change.

Acct Fund DeptID Program Project/Grant \*Percentage %

|                      |                      |                      |                      |                      |                      |   |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |

\*Percentage must add up to 100%

Acct - 4 digits  
Fund - 2 digits  
DeptID - 5 digits  
Program - 5 digits  
Project/Grant - 9/6 digits

*If you need more space to complete this section, please attach a separate piece of paper detailing the proposed position funding information.*

### Signatures/Approvals Please print and sign your name

Department Head Date Principal Investigator (if grant funded) Date

Department Budget Manager Date Office of Budget & Planning Date

Dean, Provost, or Senior Vice President Date

### Human Resources Use Only (Do not complete this section)

☐ Univ/Capital

☐ Grant funded

Approved By  Date  Emplid  Pos #  Empl Rec #

Entered By  Date  Audited By  Date  Office of Human Resources 12/11

# Brandeis University

Below is a description of responsibilities of each authorized signature. Please refer to the Approval Matrix in order to determine which signatures are required for a specific action.

**Department Head confirms:**

- position is essential to the operation of the Department/RCM/Center or Institute
- funding is available within specific Department/RCM/Center or Institute current and future Original Budgets

**Budget Manager confirms:**

- position is essential to the operation of the Department/RCM/Center or Institute
- funding is available within overall Original University Budget and specific Department/RCM/Center or Institute current and future Original Budget
- accuracy of chargeline(s)

**Principal Investigator confirms (if applicable):**

- that the expense being charged to the grant is necessary to achieve the objectives of the approved grant
- the the expense is allocable to that particular project
- that the expense is allowed and that the funds are available

**Sponsored Programs Accounting confirms (if applicable):**

- that the expense complies with the terms and conditions of the award

**Dean, Provost, or Senior Vice President confirms:**

- position falls within the constraints of the Board Approved Original University Budget
- that replacement, new hire, and/or new position is essential to the operation of the University
- that the position is consistent with the objectives of the University's Integrated Plan

**Human Resources**

- reviews submitted justification, particularly concerning instances when the University is in a hiring freeze
- confirms comparable compensation
- confirms equity
- confirms appropriate signatures have been obtained
- confirms fair search process has/will be adhered to when applicable

**Office of Budget & Planning confirms:**

- funding source(s)
- fiscal-year-to-date salary expense
- position falls within the constraints of the Board Approved Original University Budget

**Unsure of which account code to use, contact General Accounting or visit**

**<http://www.brandeis.edu/financialaffairs/controller/accounts/index.html>**