University of Medicine and Dentistry of New Jersey

CONFIDENTIAL ***CONFIDENTIAL***

University of Medicine & Dentistry of New Jersey
STAFF INFORMATION ADJUSTMENT FORM

UniversityID# ____________________

Last Name ______________ *First Name* ______________ *Middle/Initial* ______

Position Title ______________ *Position #* __________ *Department* __________

☐ ***Merit*** *Eff. Date* _____ *Current Sal/Hrly Rate* _______ *Table/Grade* _____ *Step* _____
☐ ***Sal. Adj.*** *Next Review Date* _____ *New Sal/Hrly Rate* _______ *Table/Grade* _____ *Step* _____
☐ ***Lump Sum Payment/Bonus*** ______________ *PIP* ______________
☐ ***Current Funding Source*** ______________
☐ ***Alternate Funding Source (if applicable)*** *Bonus* __________ *PIP* __________
☐ ***Unpaid LOA*** *Date From* ______ *To* ______ *Date Returned from Leave* ______
Last Day Worked ______ *First Day Unpaid* ______ *New Review Date* ______
Leave Type ______________

(ATTACH APPROPRIATE LOA REQUEST FORM AND DOCUMENTATION)

☐ ***Termination*** *Effective Date* __________ *Reason* __________
Vacation Accrual Balance __________

☐ ***Organization Information*** *New Timesheet/Dist. Org.* __________
Effective Date ______ *New Admin/Home Org.* __________
New Cashier Code __________

Authorization
Department Head ______________ *Date* __________

Budget/Business Office __________ *Date* ______ *Human Resources* __________ *Date* ______

☐ **PERSONAL INFORMATION** ***ONLY COMPLETE INFORMATION THAT IS CHANGING***

Attach appropriate documentation, i.e., divorce, marriage
(Social Security card is required for name change)

Last Name __________ *First Name/Initial* __________ *Middle Name/Initial* __________
Former Name ______________
No. & Street __________ *City* __________ *State* ______ *Zip Code* ______
Phone (area code & no.) __________ *Marital Status* ☐ *Single* ☐ *Married* ☐ *Divorced* ☐ *Widowed*

____
Employee Signature

Please contact your Campus Benefits Office in order to make any changes in benefits coverage or information.

cc: Human Resources, Payroll, Fiscal and Department