

Section I -- Scholar Information

Revised 08/30/2021

Last Name _____	First Name _____	Middle _____
SSN Last Name _____	First Name _____	Middle _____
Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien: I-9 Exp Date: _____		
OSU ID _____		
Home Dept Orgn _____	Time Sheet Orgn _____	Job Location _____
C67 Position	00 Suffix	UP ECLS
U2 LCAT	Postdoctoral Scholar Job Title	Postdoctoral Scholar Rank
		Fixed-Term Tenure Status

Section II -- Requested Action

<input type="checkbox"/> Initial appointment or rehire:	Begin Date _____	End Date _____	Appt % _____	\$ FT Annual Salary (Evenly divisible by 12)	12 Appt Basis	AAHIR Reason Code
<input type="checkbox"/> Reappointment after break in service:	Begin Date _____	End Date _____	Appt % _____	\$ FT Annual Salary (Evenly divisible by 12)	12 Appt Basis	AAHIR Reason Code
<input type="checkbox"/> End appointment:	End Date _____	End Job or Employment? <input type="checkbox"/> TERMJ Job	<input type="checkbox"/> TERME Employment	End Reason _____		
<input type="checkbox"/> Appointment changes (check all that apply for same effective date). Effective Date: _____						
<input type="checkbox"/> Appt Renewal	Current Job End _____	New Appt Begin _____	New Job End Date _____	GEXCD Reason Code		
<input type="checkbox"/> Appt %	New Appt % _____	APTPC Reason Code				
<input type="checkbox"/> Base Pay Rate	\$ New FT Annual Salary (Evenly divisible by 12)	Pay Change Reason Code:	<input type="checkbox"/> Increase (PSALO)	<input type="checkbox"/> Reduction (PPAYR)	<input type="checkbox"/> Correction (XPCOR)	
Supervisor: OSU ID _____ Supervisor Name _____ Position # _____						

Section III -- Labor Distribution (initial appointment, or if change is needed)

Earn code	Index	Account Code	Activity Code	Labor %
GPD		10639		
		10639		
		10639		
		10639		
TOTAL				100%

COMMENT
Section IV -- Approvals / Signatures

Scholar Signature (if required for this action) _____	Date _____		
Dean/VP or Designee Signature _____	Name _____	Date _____	Phone _____
University Human Resources _____	Date _____		
Submitted by: _____	Name _____	Phone _____	