



AMENDMENT TO RESEARCH PERSONNEL EMPLOYMENT RECORD

Please use this form to document any changes or amendments to the original research personnel employment record form.
 i.e. term of employment, hours of work, pay rate, modification of duties, extension to work/study permit, account to be charged, source of funding, grant funding award period, etc.

NOTE: This completed form must be sent to the Office of Research for approval and processing. EMPLOYEE NAME, ACCOUNT NUMBER, and EFFECTIVE DATE are mandatory fields. In addition to this information, only the sections that are being modified need to be completed.

Bill 124 allows a maximum 1% increase to compensation unless there have been significant changes to duties or qualifications, in which case a greater increase may be provided. The specific change to duties section must be filled out in cases where a greater than 1% increase is being recommended

AMENDMENT TO RESEARCH PERSONNEL EMPLOYMENT RECORD FORM				
LAST NAME:		FIRST NAME:		
TRENT STUDENT #:		EFFECTIVE DATE OF CHANGE (MM/DD/YYYY):		
ACCOUNT(S) TO BE CHARGED	1	ORIGINAL:		AMENDED:
	2	ORIGINAL:		AMENDED:
TERMS OF EMPLOYMENT	START DATE:	ORIGINAL:		AMENDED:
	END DATE:	ORIGINAL:		AMENDED:
HOURS OF WORK:	ORIGINAL:		AMENDED:	
RATE OF PAY:	ORIGINAL:		AMENDED:	
JOB DESCRIPTION (DUTIES):	LIST SPECIFIC CHANGES This section must be filled out in cases where a greater than 1% increase is being recommended:			
RESIDENCY STATUS	ORIGINAL:		AMENDED:	
EXTENSION TO WORK/STUDY PERMIT:	FROM (MM/DD/YYYY):		EXTENDED TO (MM/DD/YYYY):	
GRADUATE/HQP LEVEL CHANGE:	ORIGINAL:		AMENDED:	
OTHER REASON FOR CHANGE:	BRIEFLY EXPLAIN:			
AUTHORIZATION: Student/Employee Signature - n/a for account number changes			DATE:	
AUTHORIZATION: Supervisor Signature			DATE:	
SUPERVISOR NAME:				

OFFICE OF RESEARCH AUTHORIZATION:	DATE:
FINANCIAL SERVICES AUTHORIZATION:	DATE: