

Personnel Transaction Reports (PTR)

- UEC Forms Directory: [Forms Directory | University Enterprises Corporation | CSUSB](#)
- PTRs are to be filled out when hiring Faculty, Staff, or Students under the grant.
- There are two different PTR forms, one for Faculty & Staff and another for Students.
- PTRs must be submitted at least 4 days prior to the start of work.
- PTRs initiate the hiring process; however, all individuals will be required to fill out additional HR hiring paperwork and complete an I-9 with UEC HR in order for them to be officially hired.
[Human Resources | University Enterprises Corporation | CSUSB](#)
 - Human Resources
Office: (909) 537-7589
Email: uec-hr@csusb.edu
- Document name should be listed as such: **Employee/Employment PTR SPA- Fund/Project-Employee's Last Name.**
- **It is important to note that Faculty Additional Pay request must be submitted prior to submitting the PTR.**
- PTRs are also used when there is a change in the individual's pay rate, for reappointment, change of funding source, and to terminate an individual's employment on the grant.
- When submitting the PTRs it is best to use the Adobe Sign link for the respective PTRs provided on the UEC forms directory. These links will have the most up to date PTR form and the necessary UEC approvers already listed as the receivers for the adobe PDF file.
 - Please note that when using that Adobe link version of the form, you must have all of the individual's information ready as you will not be able to return to this file to complete it at a later time.

If you are the PI completing the PTR for Sponsored program employees, use these PTRS:

[Employment and Employee Changes](#) (PTR for students)

[Employee and Employment Changes PTR Instructions](#)

[CSUSB Faculty & State Overload](#) (PTR for Faculty & staff)

[CSUSB Faculty & State Overload PTR Instructions](#)

[Separation](#)

[Separation PTR Instructions](#)

- When you first click on the link for the Adobe form, you will be prompted to enter the recipients' emails; these should already be prefilled. The only thing you will need to edit in this section will be the name of the document. Please add "Fund/Project- Employee's Last Name" to the already prefilled document name.

Document Name *

Employee/Employment PTR SPA - Fund/Project- Employee's Last Name

HR - SPA Employee/Employment Changes-Submitted by PI

How this workflow works?

Enter instruction for sender.

Send from: Users With No Group (Primary Group) ▼

Recipients



PI/Project Director*

Myself 🚫 None

SPA HR*

stacy.charlier@csusb.edu 🚫 None

RA-SPA*

SPA_Expenses@csusb.edu 🚫 None

UEC-HR*

UEC-HR@csusb.edu 🚫 None

CC | [Hide](#)

Cc

UEC-Payroll@csusb.edu ×

Document Name *

HR-SPA Employee/Employment Changes-Submitted by PI- Fund/Project-Employee's LastNam

Options

Set Reminder

Message *

Please Sign.

Files

Employee/Employe Changes PTR * HR - Sponsored Programs PTR Employee/ Employment Chan ges (Submitted by PI)

Send

Students PTR



SPONSORED PROGRAMS
Personnel Transaction Report (PTR)
Employment/Employee Changes
 To be completed by PI/PD or designee

SECTION 1: EMPLOYEE INFORMATION

Legal Last Name	Legal First Name	Middle Initial
Coyote ID	Phone/Cell number	
Email Address		

SECTION 2: EMPLOYMENT ACTION AND CLASSIFICATION

Anticipated Start Date _____ **Action Type** *HR approval required

New Hire Funding Source/Dist % Change
 Reappointment Position Change/Reclassify*
 Pay Rate Change* Leave of Absence *

Employee Classification

Benefited Employee	<i>Non-Benefited, Non-Exempt Employee</i>	
<input type="checkbox"/> MP *	Variable Hour Employee	Temporary Employee
<input type="checkbox"/> Staff (FT)* (40 hrs/wk)	<input type="checkbox"/> Staff	<input type="checkbox"/> Interim (<25 hrs - 90 days max)*
<input type="checkbox"/> Staff (HRLY)* (20-40 hrs/wk)	<input type="checkbox"/> Undergrad Student (601303)	<input type="checkbox"/> 30 Day <input type="checkbox"/> 60 Day <input type="checkbox"/> 90 Day
<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Grad Student (601863)	<input type="checkbox"/> Emergency Appt (12wk or less)*

SECTION 3: FUNDING SOURCE AND DISTRIBUTION INFORMATION

	Account #	Fund #	Department #	Project #	Distribution %
<input type="checkbox"/> ADD					
<input type="checkbox"/> DELETE					

PLEASE ATTACH SEPARATE SHEET OF PAPER FOR ADDITIONAL SPACE

SECTION 4: JOB INFORMATION

Rate Change Reason (if app)	Pay Rate	% of Increase	Proposed New Rate (if app)	Hours/Week
<input type="checkbox"/> Merit (attach evaluation)/ GSI	Monthly: _____		Monthly: _____	
<input type="checkbox"/> Market/Equity	Hourly: _____		Hourly: _____	

UEC Job Title: _____ **POS** _____

Position Change Reason*	Work Location	This position:
<input type="checkbox"/> Promotion	<input checked="" type="checkbox"/> On-campus	<input type="checkbox"/> Has supervisory authority <input type="checkbox"/> None of the above
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Off-campus	<input type="checkbox"/> Works with Children
<input type="checkbox"/> Recruitment	<input type="checkbox"/> Remote Work	<input type="checkbox"/> Has accounting responsibilities

Comments: _____

SECTION 5: DEPARTMENT AND CONTACT INFORMATION

PI/PD: _____	Primary: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

SECTION 6: EMPLOYMENT AUTHORIZATION

TRANSACTION IS NOT OFFICIAL WITHOUT ALL REQUIRED SIGNATURES, HR APPROVAL & AUTHORIZATION TO START

PI/PD (Authorized Signer): _____	Date: _____	HR: _____	Date: _____
SPA Budget Approval: _____	Date: _____	Appt Ltr: _____	Date: _____
		Notice: _____	Date: _____

HR only (Shaded Area): Base job Add'l job **TEMP EE:** Start Date _____

Supervisor End Date
 Labor Alloc Cal Pers Entered: _____
 Directory: _____
 Pay Group: _____ Date Entered: _____
 UEC ID: _____