

University of Toronto
CROSS APPOINTMENT CHANGE FORM

PERSONAL INFORMATION

Name:

Personnel No.:

SIN:

Student No.:

FOA (Title):

Birth date:

EVENT TYPE – CROSS APPOINTMENT CHANGE

Effective Date (ddmmyyyy):

POSITION DETAILS (IT0000/0008)

Position Number:

Pay Scale Group:

Level:

Contract Type:

	Code	Text	Effective Date (ddmmyyyy)	End Date (ddmmyyyy)
Event Type				
Reason				

SALARY DETAIL (IT9009)

Wage Type	Text	Type	Change amount	Change Percentage

COST DISTRIBUTION (IT0027)

Cost Centre	Internal Order	Fund Centre	Fund	Amount

TIME MANAGEMENT ABSENCE/ATTENDANCE

	Code/Text	Number of days	Effective Date (ddmmyyyy)	End Date (ddmmyyyy)
Absence Type				
Attendance Type				

APPROVALS

Date:

Prepared by:

Telephone number:

Signature:

ORGANIZATIONAL UNIT

Code:

Description: