# Blank eTAD for Batch Changes

|  |  |  |  |
| --- | --- | --- | --- |
| **HMS eTAD Empl Rcd No: 0** | | **HMS Faculty (non-Paid)** | **NAME  #HUID** |
| **Job Information** |

|  |  |  |
| --- | --- | --- |
| *Effective Date* | *Last Action* | *New Action/Reason - Circle one:* |
| EFFDATE | \*\*\* | JRC-Job Reclass    PRO-Promote    DEM-Downgrade    XFR-Transfer    PAY Change   RET-Retire    TER-Terminate    Non paid LOA    Paid LOA    RFL-Return From LOA |
| *End Date* | *Last Reason* |
| ENDDATE | \*\*\* | *Reason:* |

|  |  |  |
| --- | --- | --- |
| *Department* | *Job Location* | *Supervisor (required for staff)* |
| DEPT |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Job Code* | *Empl Class* | *Salary Grade* | *Standard Hours* | *FTE* | *Full time/Part time?* |
| JOBCODE |  |  |  |  |  |

|  |  |
| --- | --- |
| *Title* | TITLE |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Schedule* | *Sunday* | *Monday* | *Tuesday* | *Wednesday* | *Thursday* | *Friday* | *Saturday* | *Total Hrs* |
|  | \*\*\* | \*\*\* | \*\*\* | \*\*\* | \*\*\* | \*\*\* | \*\*\* | \*\*\* |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Current Salary Work Plan* |  |  |  |  |  |  |  |  |  | | |
|  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| *Absence Group ID* | *Desc* |
|  |  |

|  |  |
| --- | --- |
| **Compensation/Payroll** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Pay Group* | *Empl Type* | *Pay Frequency* | *FTE Annual Rate* | *Actual Annual Rate* | *Pay Period Rate* |
|  |  |  |  |  |  |

**Job - Costing**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Effective Date* | *New Effective Date* | *Tub* | *Org* | *Obj* | *Fund* | *Activity* | *Sub Act* | *Root* | *%* | *New %* | *Rate* |
| \*\*\* |  | \*\*\* | \*\*\* | \*\*\* | \*\*\* | \*\*\* | \*\*\* | \*\*\* | \*\*\* |  | \*\*\* |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Special Instructions/Comments**

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| --- |
|  |

By signing as the Dept Head, I certify that:  
- For payroll: the pay rate indicated has been approved by the appropriate representatives in Human Resources and/or in Financial Operations  
- For costing: the costing shown is correct. If the fund is a sponsored restricted gift or restricted endowment fund, I am familiar with the sponsor's/donor's restrictions and the nature and extent of these salary changes is compatible with such restrictions.   
Omissions and errors in the HMS pay rates or general ledger coding may be charged back to the department.

|  |  |  |  |
| --- | --- | --- | --- |
| Department Authorized Signature: |  | Date: |  |
|  |  | Date: |  |

**Send to:** [**facappt@hms.harvard.edu**](mailto:facappt@hms.harvard.edu)