

DATE STAMP

ORACLE INFORMATION CHANGE FORM

THIS FORM NEEDS TO BE COMPLETED FOR ALL TERMINATIONS

Effective Date:(dd-MMM-yy):	RF ID #:
Last Name:	First Name:

TERMINATION INFORMATION

Termination Date: (dd-MMM-yy)
Termination Reason:

ADDRESS

US Address (Primary Address in United States:)	Address 2: ___US ___Foreign
City:	City:
State: Zip Code:	State: Zip Code:
County:	County:
Type: (Permanent) Local-US Campus Off-Site	Type: Permanent Local-US Campus Off-Site
Primary: Yes	Primary: No
Telephone:	Telephone:
E-Mail Address:	

OTHER CHANGES AND EXPLANATIONS

APPROVALS

This assignment is consistent with sponsored program terms and conditions and with Research Foundation policies.

Project Director/Co-Project Director: (Signature) (Date)

Funds are in the account for this assignment.

LAURA MERKL
Operations Manager or Designee (Signature) (Date)

Employee:

See attached

(Signature) (Date)

Research Foundation Human Resources Review/Approval: _____

(Office Use Only) LD - Input by:	Date:
----------------------------------	-------