

School of Veterinary Medicine

LTE / Student Changes

**LTE
Student**

Employee Last Name _____ First Name _____ M _____

Empl ID _____ Empl Record # _____ National ID (SSN) _____

Department/UDDS _____ Supervisor Name _____

Rate Change: Effective Date (First day of pay period) _____

Current \$ _____ New \$ _____

Funding: Effective Date (First day of pay period) _____

Fund _____ Dept ID _____ Program _____ Project _____ Distribution % _____

Fund _____ Dept ID _____ Program _____ Project _____ Distribution % _____

Termination: Effective Date (Last day worked) _____

Supervisor Signature _____

VMTH Approval _____