

# Syracuse University

## Human Resources

### Alternative Job Transaction Form (AJT)

Return this form to:  
 HR Service Center  
 hrservic@syr.edu  
 Phone 315.443.4042 Fax 315.443.1063  
 Skytop Office Bldg., Suite 101, Syracuse, NY 13244

**This form is only to be used if the job action cannot be accomplished using the online JAN, and must be electronically submitted by email to [hrservice@syr.edu](mailto:hrservice@syr.edu).**

Employee SUID: \_\_\_\_\_ Name: \_\_\_\_\_ Employee Record Number: \_\_\_\_\_

New Job Position: \_\_\_\_\_  Leave of Absence Provide details including dates below in **Comments** section.  
 Update/Rehire Temp Employee: \_\_\_\_\_  Termination

Job Code: \_\_\_\_\_ Full Time Equivalent: \_\_\_\_\_

Compensation Rate: \_\_\_\_\_ Standard Hours Per Week: \_\_\_\_\_ Bargaining Unit Seniority Date: \_\_\_\_\_

Home Dept: \_\_\_\_\_  GA Medical: \_\_\_\_\_

Budget Year: \_\_\_\_\_  GA Dental: \_\_\_\_\_ Occupational Seniority Date: \_\_\_\_\_

Home Chartstring: Fund: \_\_\_\_\_ Dept: \_\_\_\_\_ Program: \_\_\_\_\_ Acct: \_\_\_\_\_

**Chartstring Distribution:**

Begin Date	End Date	Time Entry Dept	Fund	Dept	Program	Account	MyCode	Project ID	Activity ID	Budget Ref	Semi Amount or Distribution %
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Comments:**

**Details on why online JAN system was unable to accommodate this transaction:**

- No Social Security number
- Job code not accepted
- Additional job not accepted; employee record 0 is inactive
- PAM submitted with AJT
- New faculty hires for summer
- SU Press
- Temp GA

**OTHER (Call the HR Service Center at x4042 BEFORE checking this box!)**  
 Please enter the name of the HR contact who helped you: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone Ext: \_\_\_\_\_ Date: \_\_\_\_\_

Department Approval: \_\_\_\_\_ Dept Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contract Account Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Service Center Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission of this form means all department and account approvals have been obtained.**