

STATUS CHANGE FORM

Reset Form

Employee Last Name: _____ First Name: _____

CHANGES IN POSITION: (Please complete all pertinent fields)

Effective Date of Change: _____

Title from: _____ to: _____

Department from: _____ to: _____

Vice President: from: _____ to: _____

Supervisor from: _____ to: _____

Hourly Rate from: _____ to: _____ Salary from: _____ to: _____

Non-exempt to exempt: _____ Exempt to non-exempt: _____ FTE from: _____ to: _____

WAGES AND BENEFITS CHARGED TO: (This section **MUST** be completed)

Account Number	Account Title	FTE Allocation	Amount

ADDITIONAL PAY:

Start date: _____ End date: _____ Monthly: _____ Hourly: _____

ADDITIONAL HOURS REQUEST (FOR CURRENT EMPLOYEES):

Start date: _____ End date: _____ No. of hours per week: _____ or total add'l hours _____

TEMPORARY APPOINTMENT EXTENSIONS:

Start date: _____ End date: _____ No. of hours per week: _____ or total add'l hours _____

OTHER/COMMENTS/JUSTIFICATION (attach additional sheets/documentation if necessary):

SIGNATURES:

Requisitioned by: _____ Date: _____

Approved by (Associate Dean) _____ Date: _____

Approved by (Division Vice President): _____ Date: _____

Approved by (Treasurer): _____ Date: _____

For HR Office Use Only

NOTES:

Employee #: _____

Status from: _____ to: _____

Schedule from: _____ to: _____

Grade from: _____ to: _____

Title Name Field from: _____ to: _____

Job Code from: _____ to: _____

Data Entry Completed By: _____ Date: _____