

# STATUS CHANGE FORM

Complete all fields in the section that applies to the change. If certain fields within the section don't apply, enter N/A. This form must have the Justification and Required Approvals sections completed before returning to Human Resources.

Employee Name _____	Employee # _____	Supervisor _____	Start/Effective Date ____/____/____
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## NEW HIRE/REHIRE

Title _____ Department Name _____ Department # _____				
<input type="checkbox"/> Full-Time  <input type="checkbox"/> Part-Time  FTE _____	<input type="checkbox"/> Exempt  <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Regular  <input type="checkbox"/> Temporary  End Date ____/____/____	Less than 1.0 Work Schedule Hours/week _____ Months from _____ to _____	<input type="checkbox"/> Job description attached
Pay Schedule/Grade/Step _____		Hourly Wage \$ _____	Salary \$ _____	
Salary Charged to:				
Acct _____	Acct Unit # _____	Acct Unit Name _____	Percentage _____	
Acct _____	Acct Unit # _____	Acct Unit Name _____	Percentage _____	

## RECLASSIFICATION (PROMOTION, FTE CHANGE, TITLE CHANGE, TRANSFER, ETC.)

Title _____ to _____	FTE _____ to _____
Department _____ to _____	<input type="checkbox"/> Temp to Regular
Supervisor _____ to _____	
<input type="checkbox"/> Exempt to Non-exempt <input type="checkbox"/> Non-exempt to Exempt Hourly Wage from _____ to _____ Annual Wage from _____ to _____	<input type="checkbox"/> Job description attached  <input type="checkbox"/> Reviewed by HR
Salary Charged to:	
Acct _____	Acct Unit # _____ Acct Unit Name _____ Percentage _____
Acct _____	Acct Unit # _____ Acct Unit Name _____ Percentage _____

## EXTENSION OR ADDITIONAL HOURS

Start Date ____/____/____ End Date ____/____/____	Hours per Week _____	Hourly \$ _____
FTE _____ to _____ <input type="checkbox"/> No change		Monthly \$ _____

**SEPARATION**

Resignation     Involuntary Termination  
 Retirement     Other \_\_\_\_\_

Last Day Worked  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Eligible for Rehire  
 Yes     No

**LEAVES/DISABILITY**

FMLA Reason \_\_\_\_\_  
Begins \_\_\_\_/\_\_\_\_/\_\_\_\_    Ends \_\_\_\_/\_\_\_\_/\_\_\_\_

Other \_\_\_\_\_  
Begins \_\_\_\_/\_\_\_\_/\_\_\_\_    Ends \_\_\_\_/\_\_\_\_/\_\_\_\_

Short-Term Disability  
Begins \_\_\_\_/\_\_\_\_/\_\_\_\_    Ends \_\_\_\_/\_\_\_\_/\_\_\_\_

Long-Term Disability  
Begins \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to Work  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**JUSTIFICATION**

Empty box for justification text.

**REQUIRED APPROVALS**

\_\_\_\_\_  
Requested By    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Vice President    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Department Head/Associate Dean    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Chief Financial Officer    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**HUMAN RESOURCES USE ONLY**

Background Chk.     Physical  
 Grade Changes     Step-in-Grade  
 Adj. Hire Date     Ann. Date

Status    From \_\_\_\_\_    to \_\_\_\_\_    Grade    From \_\_\_\_\_    to \_\_\_\_\_  
Job Code    From \_\_\_\_\_    to \_\_\_\_\_    Schedule    From \_\_\_\_\_    to \_\_\_\_\_  
Title Field    From \_\_\_\_\_    to \_\_\_\_\_    VP    From \_\_\_\_\_    to \_\_\_\_\_  
WMG \_\_\_\_\_    CUPA \_\_\_\_\_

Notes:

Empty box for notes.