

# STATUS CHANGE FORM

## GENERAL INFORMATION (This section MUST be completed)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Department: \_\_\_\_\_ Reports To (Position): \_\_\_\_\_

## CHANGES IN POSITION: (Please complete all necessary 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	Distribution %	Amount

## ADDITIONAL PAY:

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Annually: \_\_\_\_\_ Monthly: \_\_\_\_\_ Hourly: \_\_\_\_\_

## ADDITIONAL HOURS REQUEST (FOR CURRENT EMPLOYEES):

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_ or year \_\_\_\_\_

## TEMPORARY APPOINTMENT EXTENSIONS:

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_ or year \_\_\_\_\_

## 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: \_\_\_\_\_

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## For HR Office Use Only

Employee #: \_\_\_\_\_  
Status from: \_\_\_\_\_ to: \_\_\_\_\_ Schedule from: \_\_\_\_\_ to: \_\_\_\_\_  
Grade from: \_\_\_\_\_ to: \_\_\_\_\_ Job Code from: \_\_\_\_\_ to: \_\_\_\_\_