

# Employee Status Change Form



Name: 

Last	First	MI

M#									
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Dept and Org#: \_\_\_\_\_ / \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employee's primary position is:  faculty/academic **OR**  non-represented staff **OR**  represented staff  
(includes UAW, AFSCME, POA)

Immigration authorization needed:  Yes  No Supervisor's Name \_\_\_\_\_

## REASON(S) FOR STATUS CHANGE (Check all that apply) \* Supporting Documentation Required

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Academic Appointment (for current staff)*<br><input type="checkbox"/> Additional Compensation/Appointment (complete below & pg 2)*<br><input type="checkbox"/> Administrative Appointment (for faculty)*<br><input type="checkbox"/> Change in FTE*<br><input type="checkbox"/> Change of Supervisor*<br><input type="checkbox"/> Dept/Job Transfer*<br><input type="checkbox"/> Extend End Date to _____*<br><input type="checkbox"/> Leave of Absence/Change in Leave Date (not sabbatical)*<br>Type of Leave _____<br><input type="checkbox"/> With pay <input type="checkbox"/> Without pay | <input type="checkbox"/> Pay Rate Change*<br><input type="checkbox"/> Promotion* (staff only)<br><input type="checkbox"/> Reorganization* _____<br><input type="checkbox"/> Return 9/10 Month (for staff) _____<br><input type="checkbox"/> Summer Research<br><input type="checkbox"/> Summer Teaching<br>Course(s) # & # of Credits _____ / _____<br><input type="checkbox"/> Termination* (includes layoff, retirement, resignation, etc.) | <input type="checkbox"/> Title Change*<br><input type="checkbox"/> Other* _____ |
|--|---|---|

Comments/Justification

## EFFECTS OF CHANGE/NEW INFORMATION (complete only information that is changing below and on side 2)

Start/Effective Date	____/____/____	End Date	____/____/____
Compensation Amount (if lump sum)	\$ _____		
Index(es)/Account Code(s) (If multiple indexes, state %)	_____		

		Present Status	<input type="checkbox"/> Change to	<input type="checkbox"/> Add to Present Status
All employees	Department and Org #	(Home dept/org) _____ / _____		_____ / _____
	Service Basis	<input type="checkbox"/> < 9 mo <input type="checkbox"/> 9 mo <input type="checkbox"/> 9/10 mo <input type="checkbox"/> 12 month <input type="checkbox"/> Other _____		<input type="checkbox"/> < 9 mo <input type="checkbox"/> 9 mo <input type="checkbox"/> 9/10 mo <input type="checkbox"/> 12 month <input type="checkbox"/> Other _____
	FTE % effort	____ %Fall   ____ %Spring   ____ % Summer   ____ Annual		____ %Fall   ____ %Spring   ____ % Summer   ____ Annual
	Supervisor	_____		_____
Academic/Instruction Appts.	Rank	_____		_____
	Discipline	_____		_____
	Administrative Title	_____		_____
	Tenure Basis	<input type="checkbox"/> Tenured <input type="checkbox"/> Tenure-Track <input type="checkbox"/> Non-Tenure-Track		<input type="checkbox"/> Tenured <input type="checkbox"/> Tenure-Track <input type="checkbox"/> Non-Tenure-Track
Staff Appts.	Compensation	9 month Full-time Base Salary: \$ _____ Actual Salary: \$ _____		9 month Full-time Base Salary: \$ _____ Actual Salary: \$ _____
	Compensation (includes non-exempt, UAW, AFSCME, POA)	\$ _____ [yearly salary (exempt staff)]		\$ _____ [yearly salary (exempt staff)]
	Compensation	\$ _____ [hourly rate (non-exempt staff)]		\$ _____ [hourly rate (non-exempt staff)]

**ADDITIONAL COMPENSATION** (Signature required through Vice President) – *HR will complete account codes*

- Additional Compensation (documentation required) – Compensation for additional work performed  
 Eligible employees must be full-time faculty or full-time exempt staff  
 Additional compensation requests must be processed before work is performed. After-the-fact requests from sponsored accounts will not be recognized.

Complete information below **only** if employee is receiving additional compensation.

Is employee currently being paid from a sponsored account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it anticipated that the employee will be paid from a sponsored account during the time period requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes (if additional course is being taught, include course #)			

**APPROVALS/REVIEWS** – For all changes, two levels of approvals are needed (not including Financial Manager).

Department/College/School			
Print Name	Signature	Date	Supervisory Approvals
			Financial Manager / Dept Chair / Supervisor (or Designee with approval)
			Next highest in supervisory chain of command (if not Dean/Director)
			Dept Chair/Supervisor (only if dual appointment or other department is responsible for payment)
			Dean/Director (mandatory – if applicable)

**Forward completed form to Human Resources**

**For Internal Use Only**

Compliance Review		Date
	AAO	
	Human Resources*	
	Sponsored Programs Accounting (index check if sponsored account)	
Compliance with Sponsor Guidelines (only if applicable)		Date
	Sponsored Programs Office	
<input type="checkbox"/> Approval from sponsor received.		
Final Approvals – Obtained by HR		Date
	Executive Team Member (VP, CIO, Provost, etc.)	
	President	

**For HR Use Only**

Position #		Pay Grade		JERC Code	
Position Class		Pay Rate		Additional Compensation	<input type="checkbox"/> Supplementary <input type="checkbox"/> Non-recurring <input type="checkbox"/> Intra-Univ Consulting
Employee Class		Step		Leave of Absence	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> With benefits <input type="checkbox"/> Without benefits
Leave Category		Home Dept Org to:		Change Supervisor to:	
Benefit Category		Time Sheet Org to:		Date Requested Revised Org Chart:	