

Status Change Form

Prior to the change effective date, please complete and approve this form with your personalized digital stamp. Then email it to your Dean or Vice President for their approval. They will forward it to the CFO (for budget authorization) who will forward it to HR for final approval.

Note: If the change is a department transfer, this form is to be filled out by the hiring supervisor in lieu of the hiring authorization form.

Name _____ Date _____

Reason for Change _____

What is the effective date of this change? _____

Is this change: ___ Permanent ___ Temporary (ending date _____)

Please mark all applicable changes:	Current	New
Job Title		
Department		
Supervisor		
FTE and/or Hours/Days		
Classification (exempt/non-exempt)		
Pay Grade (include hourly/salary)		

If change indicated above requires an adjusted schedule, please indicate the new schedule

	Hours		Hours		Hours
Mon:		Wed:		Fri:	
Tue:		Thu:		Sat/Sun:	

Additional Notes: _____

Signatures/Stamps:

1. Recommending Supervisor

2. Applicable Vice President or Dean

3. CFO (Budget Authorization)

4. Human Resources