



EMPLOYMENT STATUS CHANGE FORM

(New Hire/Rehire/Status Change)

Employee Name: _____ SS #: _____

Department: _____ Position _____ Effective Date: _____

REASON FOR CHANGE (Check all that apply):

<input type="checkbox"/> New Position/Appt	<input type="checkbox"/> Replacement _____ (previous employee)	<input type="checkbox"/> Reappointment
<input type="checkbox"/> Employee Status Change	<input type="checkbox"/> Separation/Termination	<input type="checkbox"/> Additional Compensation (explain in salary information)

CHANGE IN POSITION STATUS (Please complete all pertinent fields):

Title Change from: _____	to: _____		
Department Change from: _____	to: _____		
Budget Account number from: _____	to: _____		
Supervisor Change from: _____	to: _____		
<input type="checkbox"/> Non-Exempt to Exempt	<input type="checkbox"/> Exempt to Non-Exempt	<input type="checkbox"/> Full Time to Part Time	<input type="checkbox"/> Part Time to Full Time
<input type="checkbox"/> Leave without pay, with benefits			

SALARY INFORMATION (Please complete all pertinent fields):

COMPENSATION:			
Amount \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Annual salary	Change from _____
ADDITIONAL PAY/STIPEND:			
One time stipend: \$ _____	Monthly stipend: \$ _____	Start Date: _____	End Date: _____
REASON FOR ADDITIONAL PAY/STIPEND: _____			

BUDGET ACCOUNT NUMBER _____			

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

APPROVAL:

_____ Department Head	_____ Date	_____ Cabinet Member	_____ Date
_____ Director of Human Resources	_____ Date	_____ Controller	_____ Date
_____ CFO	_____ Date	_____ President	_____ Date

For internal use only	
Employee # _____	Payroll/Budget Copied _____ Date: _____
HRIS Entry by: _____	Date: _____
Leave Approved _____	Leave Not Approved _____