

Employee Status Change

| | | | |
|----------------------|--|------------------------|--|
| Employee Name | | Employee Number | |
| Department | | Effective Date | |

Reason for Action:

New Hire
 Equity Adjustment
 Transfer
 Promotion
 Job Reclassification
 Demotion
 Termination
 Rehire
 Other (Please explain):

| Employment | | |
|-------------------------|---|---|
| Action | From | To |
| Department/Cost Center | | |
| Manager/Department Head | | |
| Job Title | | |
| Location | | |
| Employment Status | Total Hrs/Wk _____ FTE: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call Benefit Eligible: <input type="checkbox"/> N/A <input type="checkbox"/> Exec/Fac <input type="checkbox"/> Staff <input type="checkbox"/> Manager/Dept Head <input type="checkbox"/> Fac/Grp A | Total Hrs/Wk _____ FTE: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call Benefit Eligible: <input type="checkbox"/> N/A <input type="checkbox"/> Exec/Fac <input type="checkbox"/> Staff <input type="checkbox"/> Manager/Dept Head <input type="checkbox"/> Fac/Grp A |
| Salary/Wage | \$ _____/Hour <input type="checkbox"/> Shift Dif \$ _____ \$ _____/Annual <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt Funding <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted (Grants/Gaming) | \$ _____/Hour <input type="checkbox"/> Shift Dif \$ _____ \$ _____/Annual <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt Funding <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted (Grants/Gaming) |

| Termination | |
|--|--|
| Voluntary Resignation | Involuntary Termination |
| Reason: _____ Last Day Worked: ____/____/____ <small>(Choose Code from Below)</small> <i>EMP – Other Employment</i> <i>ABD – Job Abandonment</i> <i>JOB - Job Dissatisfaction</i> <i>PER – Personal Reasons</i> <i>MOV – Moving</i> <i>HEA – Health Reasons</i> <i>EDU – Return to School</i> <i>OTH – Other _____</i> <i>RET – Retirement</i> | Reason: _____ Last Day Worked: ____/____/____ <small>(Choose Code from Below)</small> <i>ABT – Attendance/Tardiness</i> <i>VIS – Visa Ineligibility</i> <i>LAY- Layoff</i> <i>CON – Non Renewal of Contract</i> <i>UNS – Unsatisfactory Perf.</i> <i>OTH – Other _____</i> <i>MIS – Misconduct</i> <i>EXP – Expiration Funding</i> |

Eligible for Rehire? Yes No

| Leave of Absence | |
|--|--|
| Type of Leave <input type="checkbox"/> FMLA <input type="checkbox"/> Medical <input type="checkbox"/> Military <input type="checkbox"/> Personal | |
| Begin Date ____/____/____ End Date ____/____/____ Documentation Received <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Additional Notes |
|------------------|
| |
| |
| |
| |

Signatures

Manager/Department Head _____ Date _____
 VP Administrative Services _____ Date _____
 Human Resources _____ Date _____