CHANGE OF STATUS FORM

Change of Status Requested: ☐ Internal Transfer ☐ Additional Position ☐ Salary Adjustment ☐ Job Reclassification ☐ GL Change

Request Date: _____ **Requestor Name:** _____

SECTION I: Employee Information

Employee Name: _____ Employee ID Number: _____

SECTION II: Change of Status Information (New Information)

Effective Date: _____

Position/Title: _____ Position Number: _____

☐ Part-Time ☐ Full-Time

Department: _____ GL Number: _____

Pay Grade: _____ Salary: _____

New Employee Orientation Date (Part-Time to Full-Time): _____

Remarks/Comments: _____

_____

SECTION III: Approvals

Human Resources	Date	Dean/Director	Date
Business Office	Date	Associate Vice President	Date
Grants	Date	President's Cabinet Member	Date
Supervisor	Date	President	Date