

## Change of Status Request

<b>INSTRUCTIONS:</b> <ol style="list-style-type: none"> <li>This form should be used to report all changes in status including renewals of appointment, changes in title, changes in salary, changes in obligation, leaves and terminations for all academic, classified and professional staff including Graduate Assistants and Teaching Assistants.</li> <li>See <a href="#">reverse</a> side for detailed directions including definitions, types of changes and required documentation.</li> </ol>	PAYROLL PER. #  ACTION/ REASON
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EMPLOYEE DATA			
Department	Account No.	Supervisor / Contact Name Phone No. E-Mail Ad.	

Line Number	Employee's Name (First Name, M.I., Last)	Social Security No.	Appointment Type <input type="checkbox"/> Classified Service <input type="checkbox"/> Professional Service <input type="checkbox"/> Assistantship
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CHANGE/RENEWAL OF APPOINTMENT TYPE	
<input type="checkbox"/> Permanent Appointment (Requires Chancellor's approval for Professional Employees) <input type="checkbox"/> Renewal of: <input type="checkbox"/> Temporary Appointment <input type="checkbox"/> Term Appointment ____ (# of years) from ____ to ____ <input type="checkbox"/> Probationary Appointment (for Professional Employees only) <input type="checkbox"/> Probation completion (Classified Service only) <input type="checkbox"/> No changes in terms of appointment <input type="checkbox"/> Change terms of appointment as noted below:	

CHANGE(S) IN TERMS OF APPOINTMENT			
Present Title	New Title	Effective Date	Ending Date
Present Salary	New Salary		
Present Obligation (full-time, part-time %)	New Obligation		
Other Status (see reverse for types)	New Status		

LEAVES			
<input type="checkbox"/> Sabbatical Leave (see conditions on reverse)	%	from	to
<input type="checkbox"/> Sick Leave (types of Sick Leave listed on reverse): <input type="checkbox"/> FMLA	% of pay	from	to
<input type="checkbox"/> Other Leave with full/partial pay (attach justification)	% of pay	from	to
<input type="checkbox"/> Leave without pay (see types on reverse)		from	to
<input type="checkbox"/> Unauthorized Leave (AWOL)		from	to

TERMINATION/NON-RENEWAL OF APPOINTMENT			
<input type="checkbox"/> Non-Renewal of Term Appointment	<input type="checkbox"/> Resigned (attach letter)	<input type="checkbox"/> Termination of Classified Appointment	Eff. Date
<input type="checkbox"/> Non-Renewal of Temporary Appointment	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (types on reverse):	

REMARKS (FOR PART-TIME FACULTY, PLEASE INDICATE COURSE(S) TAUGHT)	

POSITION NO.	JOB CODE	TITLE (MAX.21 POSITIONS)	JR.CL.	SAL.GRD.	N.U.	APPT.CODE	TRANS. EFF. DATE
PAY BASIS	SALARY RATE	P.T. %	INCR CODE	COURSES TAUGHT LAST SEMESTER / CURRENT SEMESTER		TRANS. THRU DT.	

APPROVALS	ADMINISTRATIVE REVIEW
Employee _____ Date _____ (Required for Professional Service leave requests)	Signature by applicants for sabbatical leave agree to conditions shown on the reverse.  Financial Mgmt. & Budget _____ Human Resources Mgmt. _____
Supervisor/ Department Head _____ Date _____	
Dean/Asst/Assoc VP _____ Date _____	
VP/ President _____ Date _____	