

Change of Status Request Form **HRM-3**

Prefix	Employee Last Name	Employee First Name	MI	Employee ID	Visa/Status (if applicable)			
1. Use this form to make changes to the current position *not for student employment changes*. 2. Submit this form to the Human Resources Office at least two weeks prior to the effective date of the change. 3. Please complete all applicable fields. Incomplete forms will be returned.			PP	Retro	Date	Trans	Info	APV
			COPIES: <input type="checkbox"/> PR <input type="checkbox"/> BEN <input type="checkbox"/> TIME <input type="checkbox"/> OPS <input type="checkbox"/> LTR <input type="checkbox"/> BUDGET					

Classified Professional (use [HRM-4](#) for GATA/RA changes)

Line	<input type="checkbox"/> PSR	Funding Account	<input type="checkbox"/> New	Check Drop	<input type="checkbox"/> New	Department
	<input type="checkbox"/> TS					

Supervisor Name	<input type="checkbox"/> New	Appointment Contact (if not supervisor)	Contact Phone Number
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Budget Title	Campus Title (if applicable)	<input type="checkbox"/> New
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1: EXTENSION of TEMP APPOINTMENT or RENEWAL of UUP TERM APPOINTMENT

Appointment Type	Renewal Start Date	New End Date (COB)	Duration (TERM appointments)	PT % (FTE)	Salary/Rate	Basis
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ACADEMIC EMPLOYEES

Number of Courses/Semester	Per Course Rate	Consecutive Semesters
Last: Fall: Spring:		

2: CHANGE TERMS of APPOINTMENT (select action(s) from the list and type in additional information)

	Start Date BOB	End Date COB

3: LEAVES (and returns)

	With Pay/Accruals	% Pay	First Day of Leave	Date of Return

4: SEPARATIONS

	Last Day of Work
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REMARKS

Provide details/description of change(s):

APPROVALS

Name	Signature	Date
1. Supervisor/Dept Head:		
2. Dean/Asst/Assoc VP:		
3. VP/President:		
4. Human Resources:	Log #:	5. Budget: