

**Employee Status Change Form**

Name : 

--	--	--

Last First MI

M#									
----	--	--	--	--	--	--	--	--	--

Dept. Name: \_\_\_\_\_ Org#: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employee's primary position is:  faculty/academic **OR**  staff (non-union) **OR**  staff (unionized)

**REASON(S) FOR STATUS CHANGE** (Check all that apply) \* Supporting Documentation Required ([click here](#))

<input type="checkbox"/> Academic Appointment (for current staff)*	<input type="checkbox"/> Promotion* (staff only)	<input type="checkbox"/> Title Change*
<input type="checkbox"/> Additional Compensation/Appointment*	<input type="checkbox"/> Rate Change*	<input type="checkbox"/> Other
<input type="checkbox"/> Administrative Appointment (for faculty)*	<input type="checkbox"/> Reorganization*	
<input type="checkbox"/> Change in FTE*	<input type="checkbox"/> Return 9/10 Month (for staff)	
<input type="checkbox"/> Change of Supervisor	Time Entry Method: <input type="checkbox"/> Web Time <input type="checkbox"/> Dept Time <input type="checkbox"/> Manual(paper)	
<input type="checkbox"/> Dept/Job Transfer*	Time Sheet Org #: _____ <input type="checkbox"/> Time Clock Plus	
<input type="checkbox"/> Extend End Date to _____	TS Approver POSN#: _____ Approver Name: _____	
<input type="checkbox"/> Leave of Absence/Change in Leave Date (not sabbatical)*		

Type of Leave \_\_\_\_\_

With pay  Without pay

Comments/Justification: (attach additional justification as needed)

Will the work location be in Michigan?  Yes  No If no, where will the work take place? \_\_\_\_\_

**EFFECTS OF CHANGE/NEW INFORMATION (required)**

Start/Effective Date (MM/DD/YYYY)	____/____/____	End Date	____/____/____
Compensation Amount (if lump sum; required when applicable)	\$ _____		
Index(es) (If multiple indexes, state %)			

**FOR THE FOLLOWING SECTION, COMPLETE ONLY INFORMATION THAT IS CHANGING**

	Present Status	<input type="checkbox"/> Change to <input type="checkbox"/> Add to present status
Dept Name & Org#	Dept Name _____ Org# _____	Dept Name _____ Org# _____
Service Basis	<input type="checkbox"/> < 9 mo <input type="checkbox"/> 9 mo <input type="checkbox"/> 9/10 mo <input type="checkbox"/> 12 month <input type="checkbox"/> Other _____	<input type="checkbox"/> < 9 mo <input type="checkbox"/> 9 mo <input type="checkbox"/> 9/10 mo <input type="checkbox"/> 12 month <input type="checkbox"/> Other _____
FTE % effort	____ %Fall ____ %Spring ____ % Summer ____ Annual	____ %Fall ____ %Spring ____ % Summer ____ Annual
Title		
Compensation (Includes faculty)	9 month Full-time Base Salary: \$ _____ Actual Salary: \$ _____	9 month Full-time Base Salary: \$ _____ Actual Salary: \$ _____
Compensation	\$ _____ [yearly salary (exempt staff)]	\$ _____ [yearly salary (exempt staff)]
Compensation (includes non-exempt, UAW, AFSCME, POA)	\$ _____ [hourly rate (non-exempt staff)]	\$ _____ [hourly rate (non-exempt staff)]

**APPROVALS/REVIEWS** -For all changes, two levels of approvals are needed (not including Financial Manager)

Print Name	Signature	Date	Supervisory Approvals
			Financial Manager/Dept Chair/Supervisor (or Designee with approval)
			Next highest in supervisory chain of command (if not Dean/Director)
			Dept Chair/Supervisor (only if dual appointment or other department is responsible for payment)
			Dean/Director (mandatory - if applicable)

Compliance Review	Date
Vice President	
President	
Institutional Equity	
Sponsored Programs Accounting (Index check if sponsored account)	

**Forward completed form to Human Resources**

Human Resources	
-----------------	--