

Employee Status Change Form

Name:

--	--	--

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

Last First MI

Dept. Name: _____ Org#: _____ Contact Person: _____ Phone #: _____

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

Immigration authorization needed: Yes No Supervisor's Name _____

REASON(S) FOR STATUS CHANGE (Check all that apply)

- | | | |
|---|--|--|
| <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 (complete below & pg 2)* | <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* | <input type="checkbox"/> Summer Research or Other Sponsored Activities | |
| <input type="checkbox"/> Dept/Job Transfer* | <input type="checkbox"/> Summer Teaching | |
| <input type="checkbox"/> Extend End Date to _____* | Course(s) # & # of Credits _____ / _____ | |
| <input type="checkbox"/> Leave of Absence/Change in Leave Date (not sabbatical)* | <input type="checkbox"/> Termination* (includes layoff, retirement, resignation, etc.) | |

Type of Leave _____

With pay Without pay

Comments/Justification: _____

Time Entry Method: Web Time Dept Time Manual(paper)

Time Sheet Org #: _____ Time Clock Plus

TS Approver POSN#: _____ Approver Name: _____

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 %)	Account Code(s)		

FOR THE FOLLOWING SECTION, COMPLETE ONLY INFORMATION THAT IS CHANGING (below and on side 2).

	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
Supervisor	_____	_____
Rank	_____	_____
Discipline	_____	_____
Administrative Title	_____	_____
Tenure Basis	<input type="checkbox"/> Tenured <input type="checkbox"/> Tenure-Track <input type="checkbox"/> Non-Tenure-Track	<input type="checkbox"/> Tenured <input type="checkbox"/> Tenure-Track <input type="checkbox"/> Non-Tenure-Track
Compensation	9 month Full-time Base Salary: \$ _____ Actual Salary: \$ _____	9 month Full-time Base Salary: \$ _____ Actual Salary: \$ _____
Title	_____	_____
Compensation	\$ _____ [yearly salary (exempt staff)]	\$ _____ [yearly salary (exempt staff)]
Compensation <small>(includes non-exempt, UAW, AFSCME, POA)</small>	\$ _____ [hourly rate (non-exempt staff)]	\$ _____ [hourly rate (non-exempt staff)]

ADDITIONAL COMPENSATION (Signature required through Vice President) – *HR will complete account codes*

Additional Compensation (documentation required) – Compensation for additional work performed

Eligible employees must be full-time faculty or full-time exempt staff.

Additional compensation requests must be processed before work is performed. After-the-fact requests from sponsored accounts will not be recognized.

Complete information below **only** if employee is receiving additional compensation.

Is employee currently being paid from a sponsored account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it anticipated that the employee will be paid from a sponsored account during the time period requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes (if additional course is being taught, include course #)			

APPROVALS/REVIEWS

For all changes, two levels of approvals are needed (not including Financial Manager); HR will obtain executive signatures when necessary.

Department/College/School			
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)

Forward completed form to Human Resources

For Internal Use Only

Compliance Review		Date
	Human Resources *	
	Office of Institutional Equity	
	Sponsored Programs Accounting (index check if sponsored account)	
Compliance with Sponsor Guidelines (only if applicable)		Date
	Sponsored Programs Office	
<input type="checkbox"/> Approval from sponsor received.		
Final Approvals – Obtained by HR		Date
	Executive Team Member	
	President	

For HR Use Only

Position #		Pay Grade		JERC Code	
Position Class		Pay Rate		Additional Compensation	<input type="checkbox"/> Supplementary <input type="checkbox"/> Non-recurring <input type="checkbox"/> Intra-Univ Consulting
Employee Class		Step		Leave of Absence	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> With benefits <input type="checkbox"/> Without benefits
Leave Category		Home Dept Org to:		Change Supervisor to:	
Benefit Category		Time Sheet Org to:		Date Requested Revised Org Chart:	
SOC Code:	___ - ___ - ___	CUPA Code:	___ - ___ - ___	Job Group:	___ - ___