

# Employee Status Change Form

Name: 

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 Last First MI

M# 

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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) \* Supporting Documentation Required ([click here](#))

- |  |  |
|--|--|
| <input type="checkbox"/> Academic Appointment (for current staff)*<br><input type="checkbox"/> Additional Compensation/Appointment (complete below & pg 2)*<br><input type="checkbox"/> Administrative Appointment (for faculty)*<br><input type="checkbox"/> Change in FTE*<br><input type="checkbox"/> Change of Supervisor*<br><input type="checkbox"/> Dept/Job Transfer*<br><input type="checkbox"/> Extend End Date to _____*<br><input type="checkbox"/> Leave of Absence/Change in Leave Date (not sabbatical)*<br>Type of Leave _____<br><input type="checkbox"/> With pay <input type="checkbox"/> Without pay | <input type="checkbox"/> Promotion* (staff only) <input type="checkbox"/> Title Change*<br><input type="checkbox"/> Rate Change* <input type="checkbox"/> Other*<br><input type="checkbox"/> Reorganization* _____<br><input type="checkbox"/> Return 9/10 Month (for staff) _____<br><input type="checkbox"/> Summer Research or Other Sponsored Activities<br><input type="checkbox"/> Summer Teaching<br>Course(s) # & # of Credits _____ / _____<br><input type="checkbox"/> Termination* (includes layoff, retirement, resignation, etc.) |
|--|--|

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

Time Sheet Org #: \_\_\_\_\_

TS Approver POSN#: \_\_\_\_\_ Approver Name: \_\_\_\_\_

Comments/Justification: \_\_\_\_\_

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"/> <b>Change to</b> <input type="checkbox"/> <b>Add to Present Status</b>
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**

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