



## EMPLOYEE STATUS CHANGE

Employee Name:	Supervisor:	Banner ID:
Department:	<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Work-Study	Position #:
Effective Date of Change:	End Date (if any):	

### I – Change of Supervisor

From:	To:
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### II – Hourly Wage/Salary Change

Current Rate/Salary: \$	Proposed Rate/Salary: \$
Reason:	

### III – Change in Hours Scheduled or FTE

Present Hours/Week or FTE:	Proposed Hours/Week or FTE:
Temporary Change? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, End Date:
Reason:	

### IV – Department Change

From:	To:
FOAP or INDEX	From: To:
Reason:	

### V – Title Change\*

Update job description in PeopleAdmin From:	To:
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\*consult with human resources

### VI - Separation

Employee's Last Day of Work:
Reason: <input type="checkbox"/> End of Agreement <input type="checkbox"/> Resignation <input type="checkbox"/> Other:

### VII – Other Action

Action:
Explanation:

### VIII – Change in FLSA Status (Human Resources)

<input type="checkbox"/> From Non-Exempt to Exempt	<input type="checkbox"/> From Exempt to Non-Exempt
Determination made by:	Date:
Comments:	

Supervisor:	Date:
Authorization (VPAA, Executive Director, Dean, CNS Director/Deputy Director or designate):	Date:
Human Resources:	Date: