

## Change of Personnel Status

(To request a change in the current status of an employee)

Date Requested: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Employee Class Code: \_\_\_\_\_

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Last First Middle

Change Funding Source Distribution From: \_\_\_\_\_ Change FTE from \_\_\_\_\_% to \_\_\_\_\_%

FOAPAL	Department / Grant Name	Percent	Position #	Job Type (P, S, O)

To:

FOAPAL	Department / Grant Name	Percent	Position #	Job Type (P, S, O)

Change Salary: From: Annual: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_ Bi-Weekly: \$ \_\_\_\_\_ Hourly: \$ \_\_\_\_\_  
 To: Annual: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_ Bi-Weekly: \$ \_\_\_\_\_ Hourly: \$ \_\_\_\_\_

Change Title: From: \_\_\_\_\_  
 To: \_\_\_\_\_

Change Grade: From: \_\_\_\_\_ To: \_\_\_\_\_ Change End Date to: \_\_\_\_\_

Change Department: From: \_\_\_\_\_ To: \_\_\_\_\_

Leave of Absence: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason (check one):

- |  |  |
|--|--|
| Disability – Faculty/Admin. (DA)<br>Disability – Staff (DS)<br>Family Medical Leave Act (FL)<br>Maternity – Faculty/Admin. (MA)<br>Maternity – Staff (MS)<br>Military Leave (ML) | Personal (PS)<br>Unpaid Personal (PU)<br>Sabbatical – Full Year (SF)<br>Sabbatical – Half Year (SH)<br>Sabbatical – One Term (SO)<br>Workers Compensation (SC) |
|--|--|

Termination: Reason (check one):

- |  |  |  |
|--|--|--|
| Death (DE)<br>Disability (DI)<br>Early Retirement (ER)<br>Gross Misconduct (GM)<br>Relocation From Area (LA)<br>Accepted Other Employment (OE) | Personal Reasons (PS)<br>Retirement (RE)<br>Terminal Appointment (TE)<br>Involuntary (IN)<br>Voluntary – Don't Rehire (VN)<br>Voluntary (VO) | Worker's Compensation (WC)<br>Other (please explain below) |
|--|--|--|

Remarks: \_\_\_\_\_

**Authorization Deadlines**

(Completed and with ALL Signatures)

Biweekly: Thursday by 10 a.m.  
 Monthly: 18<sup>th</sup> by 10 a.m.

\_\_\_\_\_  
 Department Head/Principal Investigator Date

\_\_\_\_\_  
 Accounting Office (positions funded with Soft \$) Date

Copy to: \_\_\_\_ Orig Dept \_\_\_\_ Dept  
 \_\_\_\_ Acctg \_\_\_\_ HR

\_\_\_\_\_  
 Division Head Date

2/00 \_\_\_\_ Assoc Prov

\_\_\_\_\_  
 Human Resources Date