Print Form

SUPERVISOR: Fill out all applicable sections *completely*.

ORU

EMPLOYEE CHANGE OF STATUS

EMPLOYEE NAME | Z NUMBER

CURRENT INFORMATION

DEPARTMENT/ORGANIZATION NAME | ☐ FT/REG ☐ PT/REG ☐ SEASONAL/TASK | NO. of FTE | CO. NAME | ORG NO.

JOB TITLE | PAY GRADE | ☐ HOURLY ☐ SALARIED | ☐ NON-EXEMPT ☐ EXEMPT | PAYROLL CODE | BENEFIT DATE

CHANGE

☐ RECLASSIFICATION
☐ PROMOTION
☐ DEMOTION
☐ TRANSFER

EFFECTIVE DATE

DEPARTMENT/ORGANIZATION NAME | ☐ FT/REG ☐ PT/REG ☐ SEASONAL/TASK | NO. of FTE | CO. NAME | ORG NO.

JOB TITLE | PAY GRADE | ☐ HOURLY ☐ SALARIED | ☐ NON-EXEMPT ☐ EXEMPT | PAYROLL CODE | BENEFIT DATE

SALARY CHANGE

☐ RECLASSIFICATION
☐ PROMOTION
☐ DEMOTION
☐ OTHER

CURRENT: RATE OF PAY | DATE OF LAST INCREASE | AMOUNT | REASON FOR LAST INCREASE

NEW: RATE OF PAY | PERCENT CHANGE | EFFECTIVE DATE

SHIFT INFORMATION

CURRENT: SHIFT DIFF. RATE

SHIFT ☐ 1st ☐ 2nd ☐ 3rd ☐ ROTATING ☐ ECB

LUNCH PERIOD ☐ 1/2 HOUR ☐ 1 HOUR ☐ NO LUNCH

NEW: SHIFT DIFF. RATE

SHIFT ☐ 1st ☐ 2nd ☐ 3rd ☐ ROTATING ☐ ECB

LUNCH PERIOD ☐ 1/2 HOUR ☐ 1 HOUR ☐ NO LUNCH

LEAVE OF ABSENCE

☐ PERSONAL
☐ MEDICAL/NON-FMLA
☐ WORKER'S COMP.
☐ FMLA
☐ MILITARY LEAVE

☐ BEGINNING | 1ST DAY ABSENT | ESTIMATED LENGTH OF LOA:

☐ RETURNING | 1ST DAY BACK | ACTUAL LENGTH OF LOA:

REMARKS:

SIGNATURES/APPROVALS:

(1) Supervisor — Date

(2) Department Manager/Chair — Date

(3) Dean/Director — Date

(4) Vice Pres./Provost — Date

(5) Human Resources — Date

(6) Budget — Date

(7) Chief Financial Officer — Date

CHANGE RECORDED BY PAYROLL — Name — Date

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