

**To be completed by the Department Chair and submitted to the Office of Human Resources & Faculty Services at least one month prior to any change. If going from PT to FT, please complete the process for new appointments.**

Please check appropriate box(es):

- Additional Appointment (1)   
  Department Change (3)   
  Salary Change (5)   
  Resignation (7)  
 Time Commitment Change (2)   
  Title Change (4)   
  Termination (6)   
  Other (8) – See Below

**DATE TODAY:**

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY):

**EFFECTIVE DATE OF THIS STATUS CHANGE**

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Name: \_\_\_\_\_ Salutation:  Ms.  Mr.  Dr.  
 First Middle Initial Last

Primary Department: \_\_\_\_\_ Secondary Department: \_\_\_\_\_

Current Title: \_\_\_\_\_

(1) Additional Appointment: \_\_\_\_\_ Salary \_\_\_\_\_

(2) Change Time Commitment from: \_\_\_\_\_ to: \_\_\_\_\_ please indicate:  Day or  Evening  
**Note that 2 hours = 1 session for record purposes (Not applicable for Researchers).**

(3) Change to Department # \_\_\_\_\_ Department Name: \_\_\_\_\_

(4) Change Title to: \_\_\_\_\_

(5) Change Salary from: \$ \_\_\_\_\_ to: \$ \_\_\_\_\_

Chartfield to be charged: \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Account Fund Organization Program Project

Chartfield to be charged: \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Account Fund Organization Program Project

(6) If termination, show effective date. (Attach Non-Reappointment Letter)

(7) If resignation, show effective date. (Attach a Letter of Resignation)

**(8) Other Change - Please explain the reason for the change** \_\_\_\_\_

**AUTHORIZATION**

1. Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_

2. Signature of Principal Investigator (If applicable) \_\_\_\_\_ Date \_\_\_\_\_

3. Signature of Senior Director, Human Resources & Faculty Services \_\_\_\_\_ Date \_\_\_\_\_

4. Signature of Assistant Dean, Finance & Business Operations \_\_\_\_\_ Date \_\_\_\_\_

5. Signature of Senior Vice Dean for Research Development and Academic Affairs

\_\_\_\_\_ Date \_\_\_\_\_

6. Signature of Executive Vice Dean **(Required if there is any financial impact for this request)**

\_\_\_\_\_ Date \_\_\_\_\_