

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 Assistant Dean, Human Resources & Faculty Services _____ Date _____

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

5. Signature of Vice Dean, Research and Faculty Affairs _____ Date _____

6. Signature of Executive Vice Dean for Administration, Finance, Clinical & Student Services **(Required if there is any financial impact for this request)** _____ Date _____