



Change of Employee Status Form

<input type="checkbox"/> New Employee to SA Division	<input type="checkbox"/> Change of Position (current SA Employee)	<input type="checkbox"/> Terminating Employee
Employee Name:		
Working Title:		
Department:		
Office Location:		
Phone Extension for Roster: (will be posted on the SA website)		
Include Employee on Roster?	<input type="checkbox"/> Y	<input type="checkbox"/> N
E-Mail Address:		
Start Date:		
Last Day (Terminating):		
Reason for Termination:		
Position Being Replaced:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Emergency Hire:	<input type="checkbox"/> Y	<input type="checkbox"/> N

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent
If temporary, is the appointment a year or more:	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Position going from temporary to permanent?	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Additional Comments:

Immediate Supervisor:		
Submitted by:	Date:	Extension: