



Change of Employee Status Form

<input type="checkbox"/> Transferring Employee	<input type="checkbox"/> New Student Affairs Employee	<input type="checkbox"/> Terminating Employee
Employee Name:		
Working Title:		
Department:		
Office Location:		
Phone:		
E-Mail Address:		
Start Date (New/Transfer):		
Last Day (Terminating):		
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

Additional Comments:

Immediate Supervisor:		
Submitted by:	Date:	Extension: