

CONFIDENTIAL

Employment Status Form

Social Security Number: _____

Effective Date: _____

Name: _____
Last First Middle

Title: _____ College/Dept: _____

Addition:

New Position Replacement for (name): _____ Payroll: Hourly Monthly/Salaried

Hire Rehire Appointment Terms: Full Time (32+ hours) Regular: Months: 9 10 11 12

Part Time (20-31 hours) Temporary: One semester only (specify) _____

Part Time (under 20 hours) One year only (begin) _____ (end) _____

I9 Status: To Do On File N/A Other (identify): _____

Fund Source: Operating Budget Salary: \$ _____ Per _____ Account #: _____ %

Grant (start date): _____ (end): _____ %

Other: _____ Position Control #: _____

Change:

Reason for change: _____

Compensation From: \$ _____ per _____ To: \$ _____ per _____

Account Number From: _____ To: _____

From: _____ To: _____

Title/Classification From: _____ To: _____

Department From: _____ To: _____

Leave of Absence:

	Out	Date	Return	Date	Paid	Unpaid	Yes	No
Medical	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	FMLA <input type="checkbox"/>	<input type="checkbox"/>
Personal	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	FMLA <input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	FMLA <input type="checkbox"/>	<input type="checkbox"/>
Layoff	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		
Military	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>		

Removal:

Resignation Termination Date: _____

Involuntary Last Day Worked: _____

Expiration of appointment

Regular retirement Vacation Hours Due: _____

Death

Comments: _____

Send in triplicate to division VP

Authorized by: _____

Initiator or Dean _____ Date _____

Vice President _____ Date _____

B&F _____ H R _____ P R _____
Initial Initial Initial