

Samford University

Change of Status

Employee Name: _____

School/Dept.: _____ SSN or SUID: _____

A. Status Change

Type	From	To
Name		Send copy of new Social Security Card
Address		
Telephone #		
Title		
School/Dept.		
Banner FOAPAL	Index Fund Org. Acct. Prog.	Index Fund Org. Acct. Prog.
Position Control #		
Employment Status <small>(Full Time, Part Time, etc.) If less than 12 months, dates of assignment: start: _____ end: _____</small>		

B. Salary Change

(Check Pay Category)

Current: Biweekly Monthly Rate: _____ Salary Grade: _____

Proposed: Biweekly Monthly Rate: _____ Salary Grade: _____

Effective Date: _____ Date of Last Increase: _____

Reason for Change: _____

C. Leave of Absence

Begin Leave: ____/____/____ Return from Leave: ____/____/____

Long-Term Disability

Family/Medical (additional forms are required)

Personal

D. Termination

Voluntary

Involuntary (requires preapproval of Human Resources Director)

Retirement

Last Day Worked: ____/____/____ Last Day Paid: ____/____/____

Reason for Termination: _____

Would Re-employ? Yes No Will this position be filled? Yes No

1. Dept. Head/Chair: _____ Date: ____/____/____
2. Vice Pres./Dean: _____ Date: ____/____/____
3. Executive Vice Pres./Provost/Associate Provost: _____ Date: ____/____/____
4. Position Control: _____ Date: ____/____/____
5. Human Resources: _____ Date: ____/____/____

HR Only: E-mail sent: ____/____/____ VPO Pay ID: _____

Please send original to Human Resources