

Samford University

Change of Status

Employee Name: _____

School/Dept.: _____ 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: Full Time Part Time

If less than 12 months, give dates of assignment: from: _____ to: _____

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: ____/____/____ With Pay Without Pay

Long-Term Disability Family/Medical (additional forms are required) Personal Sabbatical

D. Termination

Voluntary Involuntary (requires preapproval of Human Resources Director) Retirement

Last Day Worked: ____/____/____ Last Day Paid: ____/____/____ Full Time Part Time

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