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: ☐ 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

Rev. 07/08