

SAMFORD UNIVERSITY

Human Resources Department

Student Employment Change of Status

Student Name _____ SUID _____

Department _____ Position Code _____ - _____

Please complete all sections below that apply.

Terminate from job: Effective date: _____ Last day worked: _____
 Reason job ended: _____ Schedule change
 (Check one) _____ Took another job
 _____ Graduated
 _____ Inactive student
 _____ Other _____

Extension of job: _____ Through Fall Term
 _____ Through Jan Term
 _____ Through Spring Term
 _____ Through Summer Term
 _____ Other _____

Rate of pay change: Effective date: _____ Old rate: \$ _____ New rate: \$ _____
 Reason: _____ Longevity
 _____ Increased responsibilities
 _____ Promotion to: _____
 _____ Title change: _____
 _____ Other: _____

Budget change: Effective date: _____

From:

Index	Fund	Org.	612000 Acct.	Prog.
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To:

Index	Fund	Org.	612000 Acct.	Prog.
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Supervisor Signature _____ Date _____

For Payroll Use Only

Time Sheets _____

_____ RJASEAR _____ Spreadsheet

P/R _____ Date Processed _____