



# EMPLOYEE STATUS CHANGE FORM

EFFECTIVE DATE OF CHANGE:

Full Legal Name as appears in MUNIS

Employee ID #

Current Job Assignment

Campus or Department

FT/PT

Professional

Paraprofessional

Auxiliary

Substitute

Hourly—Current \$ p/hour

Personal Days Beginning

Earning

Ending

Pay Range

Pay Step

Contract Days

Actual Days Worked

### Personnel Office Use Only:

Job Code: \_\_\_\_\_ Location: \_\_\_\_\_ Position ID \_\_\_\_\_

New Position

Transfer

Add Position

Return from Leave

# of days left

Replaces

Base Salary

Coach Stipend

College Hours

Other

Other

Other

Current Position/Location

#Days

NEW Position/Location

#Days

Comments:

Daily Rate

TOTAL SALARY

Employee Signature

Date

Supervisor Signature

Date

Personnel Comments

Director's Signature

Date