

Huston-Tillotson University

CHANGE OF STATUS FORM

Name: _____ HTID#: _____ Female Male
 Permanent address: _____ Phone: _____
 Hire Date: _____ Date of Change _____

NOTE: For **EMPLOYMENT** complete **AFTER** column and **EMPLOYMENT** section *only*; For **TERMINATION** complete **BEFORE** column and **TERMINATION** section *only*; other changes, indicate New Hire and fill in **ALL** spaces.

	Status BEFORE Change	Status AFTER Change
Department Name and Budget Code		
Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other
Job Title:		
Salary:	\$ _____ Per Mo. \$ _____ Per Hr. <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	\$ _____ Per Mo. \$ _____ Per Hr. <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Salary Adjustment:	Present Salary \$ _____	\$ _____
Department Budget:	<input type="checkbox"/> Will decrease permanently <input type="checkbox"/> Will not change	<input type="checkbox"/> Will exceed budget <input type="checkbox"/> Will not exceed budget

EMPLOYMENT: All special conditions of employment (financial, restrictions, etc.) must be noted under remarks and copies attached.

New Hire
 Re-hire
 Recalled (last termination date: _____)

TERMINATION:

1 Reason (*Attach explanation if needed*): _____

2 Resigned { With notice Without notice } Laid Off Released Temp
 Other _____

3 Eligible for re-employment Not eligible for re-employment Other (details) _____

4 Last day worked: _____ Last day paid _____ Official termination date: _____

5 Authorized payments: Money owed College \$ _____ Loans \$ _____ Adv. Exps. Statement \$ _____
 Money owed employee: Salary \$ _____ Vacation \$ _____ Severance \$ _____

REMARKS (*Instructions, explanations, justifications, etc.*)

APPROVALS:	PRESENT ORGANIZATION	NEW ORGANIZATION
Supervisor	Date: _____	Date: _____
Department Head	Date: _____	Date: _____
Director of Human Resources	Date: _____	Date: _____
Budget/Grant Analyst	Date: _____	Date: _____
VP of Admin and Finance	Date: _____	Date: _____
President	Date: _____	Date: _____