SUNY COLLEGE AT PLATTSBURGH

**HUMAN RESOURCE SERVICES CHANGE OF STATUS FORM**

**[ ]** Reappointment (No Break)**[ ]** Promotion **[ ]** Also Receives**[ ]** Chairperson

**[ ]** Title [ ] Salary [ ] FTE-Change **[ ]** Leave/Employee Separation**[ ]** Other (Explain Below) [ ]  Supersede

|  |
| --- |
| Current Status |
| Name |  | SUNY ID |  | Line # |  | Account # |  | (%) |  |
| Department |  | Salary |  | FTE |  | Account # |  | (%) |  |
| Budget Title |  | Campus Title |  | Supervisor |  |
| ***Status Change*** *(complete only the fields that are changing – leave blank for pure reappointments)* |
| Effective Date of Change |  | Line # |  | FTE |  | Account # |  | (%) |  |
| Budget Title: |  | Campus Title: |  | Account # |  | (%) |  |
| Department |  | Supervisor’s Name |  |
| Compensation | $**\_** | per [ ]  Year [ ]  Semester [ ]  Hour [ ]  Other (explain)       |
| Change Amount: [ ]  Decrease [ ]  Increase | Amount | $ |  |  |
| Appointment Type: **[ ]**  Temporary **[ ]**  Term **[ ]**  At the Pleasure of **[ ]** Permanent/Continuing **[ ]**  Probationary **[ ]**  Full-time **[ ]**  Part-time: Average # of hours/week:  |
| Appointment/Assignment Effective |  |  | through |  |
| Work Obligation: |  |  |  |  |
| **[ ]** Calendar **[ ]** Academic **[ ]** Semester **[ ]** College Year |  | through |  | **[ ]** Other |  | through |  |
| ***Reappointment*** |
| Appointment Type: **[ ]**  Temporary **[ ]**  Term  **[ ]**  Full-time **[ ]**  Part-time | Appointment Effective:  |  | through |  |
| Work Obligation: |  |  |  |  |
| **[ ]** Calendar **[ ]** Academic **[ ]** Semester **[ ]** College Year |  | through |  | **[ ]** Other |  | through |  |
|  |  |  |  |  |  |  |  |
| Leave/Employee Separation |
| Type of Leave:  | [ ]  FMLA (HR Use Only)  | [ ]  Long Term Disability (HRS Use Only)  | [ ]  Title F Leave       |
|  | **[ ]**  Child Rearing Leave (W/O pay) | **[ ]** Extension of Current Leave | **[ ]**  Sick Leave |
|  | **[ ]**  Sabbatical Leave  | **[ ]** Return from leave to full pay (effective date: ) |
| Pay Status: | [ ]  Full Pay **[ ]**  Half Pay | **[ ]**  W/O Pay **[ ]**  Other Amount: $  |
| Duration: | From |  | through |  |  |  |
| Employee Separation: | [ ]  Resignation (Close of Business) | [ ]  Retirement (Beginning of Business) |  |
|  |  | **[ ]**  Nonrenewal (Close of Business) | **[ ]**  Other (Explain Below) | Effective Date: |
| Approvals/Signature Route |
|  |  |  |  |  |
| Department Director/Dean | Date |  | Budget Control Officer | Date |
| Provost/Vice President | Date |  | Human Resource Services | Date |
| President (if applicable) | Date |  |  |  |
| Comments: |  |
|  |  |  |
| **Benefit Code: \_\_\_ NOR:\_\_\_\_\_\_\_\_\_\_ Cycle:\_\_\_\_\_\_\_\_\_\_\_**  | **HRS USE ONLY** | **To Payroll: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_** |
| **Health Ins Elig? Y / N Effective Date: \_\_\_\_\_\_\_\_\_\_\_** | **Cont/Perm Date (if applic) \_\_\_\_\_\_\_\_\_\_** | Initials | Date |