SOUTHERN OREGON UNIVERSITY STATUS CHANGE FORM										
1. EMPLOYEE LEGAL NAME		ID#								
Reason for Action		Select One: If Other Explain:								
Change In:		FROM						то		
2. DEPARTMENT										
3. POSITION TITLE										
4. POSITION NO.										
5. APPT TYPE		Appointment FTE						Appointment FTE		
6. APPT TERM		Months:					Months:			
7. APPT DATES		From: To:					From:	From: To:		
8. RATE OF PAY		\$					\$	\$		
9. EMP CATEGORY										
10. ACADEMIC RANK										
11. CONTRACT CHANGE										
INDEX CODE CHANGE										
		FROM		%			то	%	EFFECTIVE DATE	
12. INDEX CODE										
13. INDEX CODE										
14. INDEX CODE										
15. PAY STATUS CHANGE TO: (Check all that apply and attach supporting documents as needed)									d)	
Military	Jury Duty	Search and Rescue	Educa		Other	FROM: Date Effective			PAYROLL USE ONLY	
Willitary	July Duty	Rescue	Leav	/e	Other		TO: Date		EFFECTIVE:	
Retire	Terminate	Resign	LWC	LWOP			Effective		Benefit Initial:	
COMMENTS:										
APPROVALS										
REQUESTED BY: DEPARTMENT DATE:										
BUDGET:							DATE:	DATE:		
HUMAN RESOURCES:							DATE:	DATE:		
DEAN / DIRECTOR:						DATE:				
VICE PRESIDENT / PROVOST or PRESIDENT								DATE:		
For HR USE: Date Copy to Benefits										
Date Copy to	o Payroll							HRS form	ns revised 09/14/2017	