SUNY COLLEGE AT PLATTSBURGH

**HUMAN RESOURCE SERVICES CHANGE OF STATUS FORM**

Reappointment (No Break)Promotion Also ReceivesChairperson

Title Salary FTE-Change Leave/Employee SeparationOther (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 |