

Change of Status Form Temporary, On-call and Student Employees

For use within MSU Extension Only

This form should be used to make an **employment change** to a **current / active employee**.

This form must be completed and submitted a minimum of two **(2) weeks prior to the effective date of the change**. To submit the form, you can either click the icon at the bottom of the form, or send to MSUE.TOC.Student@campusad.msu.edu.

*For additional information, please refer to the **MSUE Employment Guide for Temporary, On-call and Student Employment**, located on the **MSUE HR web page**: http://od.msue.msu.edu/human_resources/internal_hiring_procedures_forms.

*Fields in red are required

EMPLOYEE INFORMATION

First Name:

Last Name:

MSUE Institute/Organizational Unit:

Program/Initiative:

Work Location (building/address)

On-campus:

Off- campus: County

District

Work Location Phone number:

TYPE OF CHANGE

Employment Type Change (i.e. temporary to on-call or vice versa)

Current Job Title:

New Job Title:

Effective Date for this Change:

Employment Percent Change (increase or decrease of employment percent/hours worked per week)

Current Employment Percent:

New Employment Percent:

Effective Date for this Change:

Pay Rate Change

Current Rate of Pay:

New Rate of Pay:

Effective Date for this Change:

Supervisor Change

Current Supervisor:

Institute/Organizational Unit of **Current** Supervisor:

New Supervisor:

Institute/Organizational Unit of **New** Supervisor:

Effective Date for this Change:

Justification for this Change:

Name of Supervisor or person requesting this change:

Date:

Signature of Supervisor or person requesting this change:

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Approvals:

- FO
- ID and/or DD
- HR

Notes/Comments: