



## Personnel Status Change Form

Human Resources Department  
UCOM  
169 S Main Street  
Wilkes-Barre, PA 18766  
570-408-x4630 | fax x7879

**Supervisor:** Complete all that applies for any personnel change (i.e., new hire, transfer, promotion, stipend, leave request, termination)

First Name	MI	Last Name	Supervisor
Address (Street)		(City)	(State & Zip)
WIN # or Social Security # (To be provided by Hiring Department for <b>NEW</b> employees ONLY):			

### Status Change(s)

<b>To be completed by Supervisor.</b> (Check all that apply to status change)			
<input type="checkbox"/> New Hire	<input type="checkbox"/> Transfer	<input type="checkbox"/> Full Time	<input type="checkbox"/> Temporary
<input type="checkbox"/> Rehire	<input type="checkbox"/> Promotion	<input type="checkbox"/> Part-Time-Hrs/Wk: _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Salary	<input type="checkbox"/> Stipend	<input type="checkbox"/> Grant	<input type="checkbox"/> 9 Month
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10 Month
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12 Month
Effective Date		End Date (If applicable)	
Position Title or New Position Title		New Annual Salary or Hourly Rate \$	
Department Name or New Department Name:			Telephone Extension x
Campus Location (Bldg/Rm#/Fl)			
<b>To be completed by Human Resources</b>			
Position Number	Employee Class	Grade	Step

### Stipend or Grant Request (circle the one that applies)

<b>To be completed by Supervisor.</b>		
Total \$ _____	Effective Date _____	Position # _____
Justification		

### Budget

<b>To be completed by Supervisor/Budget Manager.</b> (Complete only if different than current position established)			
Fund	Org	Acct	Prog
Fund	Org	Acct	Prog

### Leave Request

<b>To be completed by Supervisor</b>			
<input type="checkbox"/> FMLA	<input type="checkbox"/> Medical	<input type="checkbox"/> Sabbatical: <input type="checkbox"/> Full Year <input type="checkbox"/> Half Year	<input type="checkbox"/> Worker's Compensation
Leave Begin Date:		Leave End Date:	<input type="checkbox"/> Other _____
<b>To be completed by Human Resources</b>			
<input type="checkbox"/> Approved <input type="checkbox"/> Unapproved	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Continuation of Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> 1/2 Pay/Full Year Sabbatical	

### Termination

<b>To be completed by Supervisor.</b> (Attach letter of resignation and forward to HR)	
Resignation Effective Date	Last Day Worked

**Indicate Reason for Separation**

End of Contract     
  Position Abolished     
  Terminated – Eligible     
  Terminated – Ineligible  
 Retirement     
  Deceased     
  Voluntary Resignation     
  Other \_\_\_\_\_

**To be completed by Human Resources**

<b>Last Pay Date</b>	<b>Health Insurance</b>
<b>Vacation Pay</b> <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Hrs. to be paid: _____	Discontinue <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Pay <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Effective Date
	COBRA Notification
	Finance Office

**Comments:** \_\_\_\_\_

Signature of Grant Officer \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of Grant Officer required if position is Grant Supported.)

Signature Department Supervisor \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Next Level Supervisor \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of VP/Provost/President \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Human Resources \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_