

Personnel Status Change Form

Human Resources Department 10 East South Street Wilkes-Barre, PA 18766 570-408-3356 | fax x7879

Date:

Date:

Supervisor: Complete all that applies for any personnel change (i.e., new hire, transfer, promotion, stipend, and termination) **Employee WIN** First Name MI Last Name (State & Zip) Address (Street) (City) Status Change(s) To be completed by Supervisor. (Check all that apply to status change) () New Hire () Transfer () Salary () Promotion Faculty () Tenure Track () Non-tenure track () 9 Month Only () Semi-Monthly () Adjunct () 10 Month () Retire Other () 12 Month Termination (skip to bottom) Staff () Full time () Bi-Weekly () Temporary Only) Part Time-Hrs/Wk:_ () Other Effective Date: End Date (If applicable) Previous New (if no change, write same) Position Title Department Name Annual Salary or Hourly Rate Supervisor To be completed by Human Resources Position Number **Employee Class** Salary Grade Stipend or Grant Request (circle the one that applies) To be completed by Supervisor. Total \$ Effective Date Position # Justification: Budget To be completed by Supervisor/Budget Manager. (Complete only if different than current position established) Percentage Fund Org Acct Prog Fund Prog Org Percentage Acct **Termination** To be completed by Supervisor. (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 for Rehire () Terminated – Ineligible for Rehire () Retirement () Deceased () Voluntary Resignation () Other ___ Comments: Signature of Grant Officer Date: (Signature of Grant Officer required if position is Grant Supported) Signature of Department Supervisor Date: Signature of Next Level Supervisor Date:

Signature of President/Vice President/Provost

Signature of Human Resources