



Personnel Status Change Form

Human Resources Department
10 East South Street
Wilkes-Barre, PA 18766
570-408-4630 | fax x7879

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

First Name	MI	Last Name	Employee WIN
Address (Street)		(City)	(State & Zip)

Status Change(s)

To be completed by Supervisor. (Check all that apply to status change)			
<input type="checkbox"/> New Hire	<input type="checkbox"/> Transfer	Faculty Only	<input type="checkbox"/> 9 Month
<input type="checkbox"/> Salary	<input type="checkbox"/> Promotion		<input type="checkbox"/> Tenure Track
<input type="checkbox"/> Retire	Other _____	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> 12 Month
		Staff Only	<input type="checkbox"/> Adjunct
		<input type="checkbox"/> Full time	<input type="checkbox"/> Temporary
		<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Other
		<input type="checkbox"/> Part Time-Hrs/Wk: _____	

Effective Date:	End Date (If applicable)
	<i>Previous</i> 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
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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)				
Fund	Org	Acct	Prog	Percentage
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Termination

To be completed by Supervisor. (Attach letter of resignation and forward to HR)	
Resignation Effective Date	Last Day Worked
Indicate Reason for Separation	
<input type="checkbox"/> End of Contract	<input type="checkbox"/> Position Abolished
<input type="checkbox"/> Terminated – Eligible for Rehire	<input type="checkbox"/> Terminated – Ineligible for Rehire
<input type="checkbox"/> Retirement	<input type="checkbox"/> Deceased
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Other _____

Comments:

Signature of Grant Officer (Signature of Grant Officer required if position is Grant Supported)	Date:
Signature of Department Supervisor	Date:
Signature of Next Level Supervisor	Date:
Signature of President/Vice President/Provost	Date:
Signature of Human Resources	Date: