MICHIGAN STATE UNIVERSITY | Extension

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 TOC_StudentInbox@anr.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.**

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*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: _____

Name of Supervisor or person requesting this change: _____ Date: _____

Email address of Supervisor or person requesting this change: _____

SUBMIT THIS FORM

For use by MSU Extension HR Only

Approvals:

- ☐ FO
- ☐ ID and/or DC
- ☐ HR

Notes/Comments: