



Life University  
**PAYROLL STATUS CHANGE FORM**

EMPLOYEE INFORMATION			
Last Name: Mouse (EXAMPLE)	First Name: Mickey	Middle Name:	Employee ID #: 0123456
Reason for Payroll Status Change (Check one of the following.)			
<input type="checkbox"/> Employee Status Change (Effective Date of Change: _____) <input type="checkbox"/> Update current position details. <input type="checkbox"/> Replace with new position. <input type="checkbox"/> Add position <i>in addition</i> to current position.			
<input checked="" type="checkbox"/> Stipend or Additional Payment(s)			

SECTION ONE. EMPLOYEE STATUS CHANGE INFORMATION: Select the checkboxes in the left column to indicate a change.				
TYPE OF CHANGE	OLD/CURRENT STATUS		NEW STATUS	
Job Title				
Dept. Name & Code				
Reporting Mgr. & Timekeeping Mgr.				
<b>Job Type and Classification</b>  If changing, must select a <b>Job Type</b> (Faculty, Staff, or Student) <b>AND</b> a <b>Job Classification</b> listed under each Job Type.	<input type="checkbox"/> FACULTY	<input type="checkbox"/> Full-Time (L8H, 5250) <input type="checkbox"/> Adjunct (KS7, 5280)	<input type="checkbox"/> FACULTY	<input type="checkbox"/> Full-Time (L8H, 5250) <input type="checkbox"/> Adjunct (KS7, 5280)
	<input type="checkbox"/> STAFF (L8H)	<input type="checkbox"/> FT Salaried Staff, Exempt <input type="checkbox"/> FT Hourly, Non-Exempt <input type="checkbox"/> PT Hourly, Non-Exempt <input type="checkbox"/> PT Help/Other (5850) <input type="checkbox"/> Temporary Staff (5860)	<input type="checkbox"/> STAFF (L8H)	<input type="checkbox"/> FT Salaried Staff, Exempt <input type="checkbox"/> FT Hourly, Non-Exempt <input type="checkbox"/> PT Hourly, Non-Exempt <input type="checkbox"/> PT Help/Other (5850) <input type="checkbox"/> Temporary Staff (5860)
	<input type="checkbox"/> STUDENTS (VCN)	<input type="checkbox"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)	<input type="checkbox"/> STUDENTS (VCN)	<input type="checkbox"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)
Salary Payrate	<input type="checkbox"/> \$ _____ Hourly (Non-Exempt only)		<input type="checkbox"/> \$ _____ Hourly (Non-Exempt only)	
	<input type="checkbox"/> \$ _____ Annually (Exempt only)		<input type="checkbox"/> \$ _____ Annually (Exempt only)	

SECTION TWO. STIPEND/ADDITIONAL PAYMENT(S) INFORMATION:				
Stipends and additional payments will be issued as a one-time payment or recurring payment. Payment effective dates must align with pay periods, and the end dates will match the last day of the final pay period. <i>Payments should not exceed six months and will need to be reapproved if continued payments are needed.</i>				
<input checked="" type="checkbox"/> One-Time Payment of \$ <u>123.00</u> <input type="checkbox"/> Recurring Payment of \$ _____ / pay period	Payment Effective / Start Date 11/25/2024	Payment End Date	Dept. Name (for payment) Walt Disney World	Dept. Code: 123456
Reason for Payment (Duties must exceed employee's current job description and be approved by Human Resources.) Mickey Mouse participated in the Thanksgiving Day Parade in Disney World.				

Requestor Brittney Calhoun DocuSigned by: Brittney Calhoun 08/14/24   16:01 EDT A301458CA1F6460	Finance Brittney Calhoun DocuSigned by: Brittney Calhoun 08/14/24   17:05 EDT A301458CA1F6460
Department Head Maya Grant DocuSigned by: Maya Grant 08/14/24   16:38 EDT 808C6304389743C	Human Resources Director Brittney Calhoun DocuSigned by: Brittney Calhoun 08/14/24   17:05 EDT A301458CA1F6460
HR: Talent Acquisition Manager Brittney Calhoun DocuSigned by: Brittney Calhoun 08/14/24   17:03 EDT A301458CA1F6460	

Receives a Copy: Payroll, HRIS, Human Resources  
 LIFE University Inc, PSC Form (1/2024)



Life University  
**PAYROLL STATUS CHANGE FORM**

EMPLOYEE INFORMATION			
Last Name: Hampton	First Name: Fred	Middle Name:	Employee ID #: 012345
Reason for Payroll Status Change (Check one of the following.)			
<input type="checkbox"/> Employee Status Change (Effective Date of Change: _____) <input type="checkbox"/> Update current position details. <input type="checkbox"/> Replace with new position. <input type="checkbox"/> Add position <i>in addition</i> to current position.			
<input checked="" type="checkbox"/> Stipend or Additional Payment(s)			

SECTION ONE. EMPLOYEE STATUS CHANGE INFORMATION: Select the checkboxes in the left column to indicate a change.				
TYPE OF CHANGE	OLD/CURRENT STATUS		NEW STATUS	
Job Title				
Dept. Name & Code				
Reporting Mgr. & Timekeeping Mgr.				
<b>Job Type and Classification</b>  If changing, must select a <b>Job Type</b> (Faculty, Staff, or Student) <b>AND</b> a <b>Job Classification</b> listed under each Job Type.	<input type="checkbox"/> FACULTY	<input type="checkbox"/> Full-Time (L8H, 5250) <input type="checkbox"/> Adjunct (KS7, 5280)	<input type="checkbox"/> FACULTY	<input type="checkbox"/> Full-Time (L8H, 5250) <input type="checkbox"/> Adjunct (KS7, 5280)
	<input type="checkbox"/> STAFF (L8H)	<input type="checkbox"/> FT Salaried Staff, Exempt <input type="checkbox"/> FT Hourly, Non-Exempt <input type="checkbox"/> PT Hourly, Non-Exempt <input type="checkbox"/> PT Help/Other (5850) <input type="checkbox"/> Temporary Staff (5860)	<input type="checkbox"/> STAFF (L8H)	<input type="checkbox"/> FT Salaried Staff, Exempt <input type="checkbox"/> FT Hourly, Non-Exempt <input type="checkbox"/> PT Hourly, Non-Exempt <input type="checkbox"/> PT Help/Other (5850) <input type="checkbox"/> Temporary Staff (5860)
	<input type="checkbox"/> STUDENTS (VCN)	<input type="checkbox"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)	<input type="checkbox"/> STUDENTS (VCN)	<input type="checkbox"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)
Salary Payrate	<input type="checkbox"/> \$ _____ Hourly (Non-Exempt only) <input type="checkbox"/> \$ _____ Annually (Exempt only)		<input type="checkbox"/> \$ _____ Hourly (Non-Exempt only) <input type="checkbox"/> \$ _____ Annually (Exempt only)	

SECTION TWO. STIPEND/ADDITIONAL PAYMENT(S) INFORMATION:				
Stipends and additional payments will be issued as a one-time payment or recurring payment. Payment effective dates must align with pay periods, and the end dates will match the last day of the final pay period. <i>Payments should not exceed six months and will need to be reapproved if continued payments are needed.</i>				
<input type="checkbox"/> One-Time Payment of \$ _____	Payment Effective / Start Date	Payment End Date	Dept. Name (for payment)	Dept. Code:
<input checked="" type="checkbox"/> Recurring Payment of \$ 250 / pay period	08/19/2024	11/10/2024	Human Resources	1234
<b>Reason for Payment</b> (Duties must exceed employee's current job description and be approved by Human Resources.) Stipend for additional security responsibilities for Human Resource department.				

Requestor Maya Grant DocuSigned by:  08/14/24   16:36 EDT	Finance Brittney Calhoun DocuSigned by:  08/14/24   17:08 EDT
Department Head Brittney Calhoun DocuSigned by:  08/14/24   17:03 EDT	Human Resources Director Brittney Calhoun DocuSigned by:  08/14/24   17:08 EDT
HR: Talent Acquisition Manager Brittney Calhoun DocuSigned by:  08/14/24   17:07 EDT	

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Life University  
**PAYROLL STATUS CHANGE FORM**

EMPLOYEE INFORMATION			
Last Name: Doe	First Name: Jane	Middle Name: Elizabeth	Employee ID #: 0123456
Reason for Payroll Status Change (Check one of the following.)			
<input checked="" type="checkbox"/> Employee Status Change (Effective Date of Change: <u>09/16/2024</u> ) <input checked="" type="checkbox"/> Update current position details. <input type="checkbox"/> Replace with new position. <input type="checkbox"/> Add position <i>in addition</i> to current position. <input type="checkbox"/> Stipend or Additional Payment(s)			

SECTION ONE. EMPLOYEE STATUS CHANGE INFORMATION: Select the checkboxes in the left column to indicate a change.				
TYPE OF CHANGE	OLD/CURRENT STATUS		NEW STATUS	
X Job Title	Junior Staff Member		Lead Staff Member	
Dept. Name & Code				
Reporting Mgr. & Timekeeping Mgr.				
Job Type and Classification  <i>If changing, must select a Job Type (Faculty, Staff, or Student) AND a Job Classification listed under each Job Type.</i>	<input type="checkbox"/> FACULTY  <input type="checkbox"/> STAFF (L8H)	<input type="checkbox"/> Full-Time (L8H, 5250) <input type="checkbox"/> Adjunct (KS7, 5280)  <input type="checkbox"/> FT Salaried Staff, Exempt <input type="checkbox"/> FT Hourly, Non-Exempt <input type="checkbox"/> PT Hourly, Non-Exempt <input type="checkbox"/> PT Help/Other (5850) <input type="checkbox"/> Temporary Staff (5860)	<input type="checkbox"/> FACULTY  <input type="checkbox"/> STAFF (L8H)	<input type="checkbox"/> Full-Time (L8H, 5250) <input type="checkbox"/> Adjunct (KS7, 5280)  <input type="checkbox"/> FT Salaried Staff, Exempt <input type="checkbox"/> FT Hourly, Non-Exempt <input type="checkbox"/> PT Hourly, Non-Exempt <input type="checkbox"/> PT Help/Other (5850) <input type="checkbox"/> Temporary Staff (5860)
	<input type="checkbox"/> STUDENTS (VCN)	<input type="checkbox"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)	<input type="checkbox"/> STUDENTS (VCN)	<input type="checkbox"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)
	X Salary Payrate	<input checked="" type="checkbox"/> \$ <u>19.25</u> Hourly (Non-Exempt only) <input type="checkbox"/> \$ _____ Annually (Exempt only)	<input checked="" type="checkbox"/> \$ <u>22.50</u> Hourly (Non-Exempt only) <input type="checkbox"/> \$ _____ Annually (Exempt only)	

SECTION TWO. STIPEND/ADDITIONAL PAYMENT(S) INFORMATION:				
Stipends and additional payments will be issued as a one-time payment or recurring payment. Payment effective dates must align with pay periods, and the end dates will match the last day of the final pay period. <i>Payments should not exceed six months and will need to be reapproved if continued payments are needed.</i>				
<input type="checkbox"/> One-Time Payment of \$ _____	Payment Effective / Start Date	Payment End Date	Dept. Name (for payment)	Dept. Code:
<input type="checkbox"/> Recurring Payment of \$ _____ / pay period				
Reason for Payment (Duties must exceed employee's current job description and be approved by Human Resources.)				

Requestor Brittney Calhoun DocuSigned by: Brittney Calhoun 808C6304389742C 08/14/24   15:30 EDT	Finance Brittney Calhoun DocuSigned by: Brittney Calhoun A201458CA1F6460 08/14/24   17:04 EDT
Department Head Maya Grant DocuSigned by: Maya Grant 808C6304389742C 08/14/24   16:34 EDT	Human Resources Director Brittney Calhoun DocuSigned by: Brittney Calhoun A201458CA1F6460 08/14/24   17:04 EDT
HR: Talent Acquisition Manager Brittney Calhoun DocuSigned by: Brittney Calhoun A201458CA1F6460 08/14/24   17:03 EDT	

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Life University  
**PAYROLL STATUS CHANGE FORM**

EMPLOYEE INFORMATION			
Last Name: Doe (EXAMPLE)	First Name: John (EXAMPLE)	Middle Name: Wayne	Employee ID #: 0123456
Reason for Payroll Status Change (Check one of the following.)			
<input checked="" type="checkbox"/> Employee Status Change (Effective Date of Change: <u>09/16/2024</u> ) <input type="checkbox"/> Update current position details. <input checked="" type="checkbox"/> Replace with new position. <input type="checkbox"/> Add position <i>in addition</i> to current position. <input type="checkbox"/> Stipend or Additional Payment(s)			

SECTION ONE. EMPLOYEE STATUS CHANGE INFORMATION: Select the checkboxes in the left column to indicate a change.					
TYPE OF CHANGE		OLD/CURRENT STATUS		NEW STATUS	
<input checked="" type="checkbox"/>	Job Title	Faculty Member (TRANSFER EXAMPLE)		HR Assistant (TRANSFER EXAMPLE)	
<input checked="" type="checkbox"/>	Dept. Name & Code	CGUS	1234	Human Resources	1234
<input checked="" type="checkbox"/>	Reporting Mgr. & Timekeeping Mgr.	Fred Hampton	Fred Hampton	Terri Carter	Maya Grant
<input checked="" type="checkbox"/>	Job Type and Classification  <i>If changing, must select a Job Type (Faculty, Staff, or Student) AND a Job Classification listed under each Job Type.</i>	<input checked="" type="checkbox"/> FACULTY	<input checked="" type="checkbox"/> Full-Time (L8H, 5250) <input type="checkbox"/> Adjunct (KS7, 5280)	<input type="checkbox"/> FACULTY	<input type="checkbox"/> Full-Time (L8H, 5250) <input type="checkbox"/> Adjunct (KS7, 5280)
<input type="checkbox"/>		<input type="checkbox"/> STAFF (L8H)	<input type="checkbox"/> FT Salaried Staff, Exempt <input type="checkbox"/> FT Hourly, Non-Exempt <input type="checkbox"/> PT Hourly, Non-Exempt <input type="checkbox"/> PT Help/Other (5850) <input type="checkbox"/> Temporary Staff (5860)	<input checked="" type="checkbox"/> STAFF (L8H)	<input type="checkbox"/> FT Salaried Staff, Exempt <input checked="" type="checkbox"/> FT Hourly, Non-Exempt <input type="checkbox"/> PT Hourly, Non-Exempt <input type="checkbox"/> PT Help/Other (5850) <input type="checkbox"/> Temporary Staff (5860)
<input type="checkbox"/>		<input type="checkbox"/> STUDENTS (VCN)	<input type="checkbox"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)	<input type="checkbox"/> STUDENTS (VCN)	<input type="checkbox"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)
<input checked="" type="checkbox"/>	Salary Payrate	<input type="checkbox"/> \$ _____ Hourly (Non-Exempt only) <input checked="" type="checkbox"/> \$ <u>12,345.00</u> Annually (Exempt only)		<input checked="" type="checkbox"/> \$ <u>123.45</u> Hourly (Non-Exempt only) <input type="checkbox"/> \$ _____ Annually (Exempt only)	

SECTION TWO. STIPEND/ADDITIONAL PAYMENT(S) INFORMATION:				
Stipends and additional payments will be issued as a one-time payment or recurring payment. Payment effective dates must align with pay periods, and the end dates will match the last day of the final pay period. <i>Payments should not exceed six months and will need to be reapproved if continued payments are needed.</i>				
<input type="checkbox"/> One-Time Payment of \$ _____	Payment Effective / Start Date	Payment End Date	Dept. Name (for payment)	Dept. Code:
<input type="checkbox"/> Recurring Payment of \$ _____ / pay period				
Reason for Payment (Duties must exceed employee's current job description and be approved by Human Resources.)				

Brittney Calhoun	<small>DocuSigned by:</small> Brittney Calhoun <small>A201458CA1F6450</small>	08/14/24   15:35 EDT	Brittney Calhoun	<small>DocuSigned by:</small> Brittney Calhoun <small>A201458CA1F6450</small>	08/14/24   17:08 EDT
Requestor		Date	Finance		Date
Maya Grant	<small>DocuSigned by:</small> Maya Grant <small>808C6304389742C</small>	08/14/24   16:38 EDT	Brittney Calhoun	<small>DocuSigned by:</small> Brittney Calhoun <small>A201458CA1F6450</small>	08/14/24   17:08 EDT
Department Head		Date	Human Resources Director		Date
Brittney Calhoun	<small>DocuSigned by:</small> Brittney Calhoun <small>A201458CA1F6450</small>	08/14/24   17:02 EDT			
HR: Talent Acquisition Manager		Date			

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Life University  
**PAYROLL STATUS CHANGE FORM**

EMPLOYEE INFORMATION			
Last Name: Student (EXAMPLE)	First Name: Sally	Middle Name:	Employee ID #: 123456
Reason for Payroll Status Change (Check one of the following.)			
<input checked="" type="checkbox"/> <b>Employee Status Change</b> (Effective Date of Change: <u>10/14/2024</u> ) <input type="checkbox"/> Update current position details. <input type="checkbox"/> Replace with new position. <input checked="" type="checkbox"/> Add position <b>in addition</b> to current position. <input type="checkbox"/> Stipend or Additional Payment(s)			

SECTION ONE. EMPLOYEE STATUS CHANGE INFORMATION: Select the checkboxes in the left column to indicate a change.			
TYPE OF CHANGE	OLD/CURRENT STATUS		NEW STATUS
Job Title			Student Orientation Leader
Dept. Name & Code			Orientation <span style="float:right">123456</span>
Reporting Mgr. & Timekeeping Mgr.			Marty Manager <span style="float:right">Marty Manager</span>
<b>Job Type and Classification</b>  If changing, must select a <b>Job Type</b> (Faculty, Staff, or Student) <b>AND</b> a <b>Job Classification</b> listed under each Job Type.	<input type="checkbox"/> <b>FACULTY</b>	<input type="checkbox"/> Full-Time (L8H, 5250) <input type="checkbox"/> Adjunct (KS7, 5280)	<input type="checkbox"/> <b>FACULTY</b>  <input type="checkbox"/> Full-Time (L8H, 5250) <input type="checkbox"/> Adjunct (KS7, 5280)
	<input type="checkbox"/> <b>STAFF (L8H)</b>	<input type="checkbox"/> FT Salaried Staff, Exempt <input type="checkbox"/> FT Hourly, Non-Exempt <input type="checkbox"/> PT Hourly, Non-Exempt <input type="checkbox"/> PT Help/Other (5850) <input type="checkbox"/> Temporary Staff (5860)	<input type="checkbox"/> <b>STAFF (L8H)</b>  <input type="checkbox"/> FT Salaried Staff, Exempt <input type="checkbox"/> FT Hourly, Non-Exempt <input type="checkbox"/> PT Hourly, Non-Exempt <input type="checkbox"/> PT Help/Other (5850) <input type="checkbox"/> Temporary Staff (5860)
	<input type="checkbox"/> <b>STUDENTS (VCN)</b>	<input type="checkbox"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)	<input checked="" type="checkbox"/> <b>STUDENTS (VCN)</b>  <input checked="" type="checkbox"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)
Salary Payrate	<input type="checkbox"/> \$ _____ Hourly (Non-Exempt only) <input type="checkbox"/> \$ _____ Annually (Exempt only)		<input checked="" type="checkbox"/> \$ <u>10.00</u> Hourly (Non-Exempt only) <input type="checkbox"/> \$ _____ Annually (Exempt only)

SECTION TWO. STIPEND/ADDITIONAL PAYMENT(S) INFORMATION:				
Stipends and additional payments will be issued as a one-time payment or recurring payment. Payment effective dates must align with pay periods, and the end dates will match the last day of the final pay period. <i>Payments should not exceed six months and will need to be reapproved if continued payments are needed.</i>				
<input type="checkbox"/> One-Time Payment of \$ _____	Payment Effective / Start Date	Payment End Date	Dept. Name (for payment)	Dept. Code:
<input type="checkbox"/> Recurring Payment of \$ _____ / pay period				
<b>Reason for Payment</b> (Duties must exceed employee's current job description and be approved by Human Resources.)				

Requestor Britney Calhoun _____ Date	DocuSigned by: Britney Calhoun 808C6304389742C 08/14/24   16:13 EDT	Finance Britney Calhoun _____ Date	DocuSigned by: Britney Calhoun A201458CA1F6450 08/14/24   17:07 EDT
Department Head Maya Grant _____ Date	DocuSigned by: Maya Grant 808C6304389742C 08/14/24   16:37 EDT	Human Resources Director Britney Calhoun _____ Date	DocuSigned by: Britney Calhoun A201458CA1F6450 08/14/24   17:07 EDT
HR: Talent Acquisition Manager Britney Calhoun _____ Date	DocuSigned by: Britney Calhoun A201458CA1F6450 08/14/24   17:03 EDT		

Receives a Copy: Payroll, HRIS, Human Resources  
 LIFE University Inc, PSC Form (1/2024)