

Life University
PAYROLL STATUS CHANGE FORM

EMPLOYEE INFORMATION			
Last Name:	First Name:	Middle Name:	Employee ID #:
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 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.				
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"/> STUDENTS (VCN)	<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"/> Part-Time Student (5800) <input type="checkbox"/> Work Study (5790) <input type="checkbox"/> Com. Service WS (5780)	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF (L8H) <input type="checkbox"/> STUDENTS (VCN)	<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"/> 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 \$ _____ <input type="checkbox"/> Recurring Payment of \$ _____ / pay period	Payment Effective / Start Date	Payment End Date	Dept. Name (for payment)	Dept. Code:
Reason for Payment (Duties must exceed employee's current job description and be approved by Human Resources.)				

Requestor Date

Finance Date

Department Head Date

Human Resources Director Date

HR: Talent Acquisition Manager Date