

# INDIANA STATE UNIVERSITY



## Change of Status

(See Guidelines for Change of Status)

### CURRENT STATUS

Exempt Staff     Faculty

I.S.U. ID \_\_\_\_\_ Position Number \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Position Title \_\_\_\_\_

Department \_\_\_\_\_

Person Completing Form \_\_\_\_\_ Extension \_\_\_\_\_

### REASON FOR CHANGE IN STATUS

Reappointment of Temporary Exempt Staff Position      Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Assignment of Additional Duties      Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Educational Status (terminal degree earned)      Effective Date \_\_\_\_\_

Other Description of Change (Or Attach MOU - Memo of Understanding) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CHANGE OF STATUS

Change of Title \_\_\_\_\_

**(Attach supporting documentation)**

Exempt Staff     Faculty

Stipend \$ \_\_\_\_\_ per \_\_\_\_\_ Or Salary Increment \$ \_\_\_\_\_ Index \_\_\_\_\_

New Base Salary \$ \_\_\_\_\_ Org \_\_\_\_\_

Prorated  Yes     No    (Payroll will prorate pay based upon effective date)    Acct \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### I APPROVE THE APPOINTMENT OF THE ABOVE INDIVIDUAL AND VERIFY THAT ALL THE DATA IS CORRECT

X \_\_\_\_\_  
Department Chairperson Signature      Date

X \_\_\_\_\_  
Dean or Other Administrator Signature      Date

X \_\_\_\_\_  
Grant & Contracts Signature      Date

X \_\_\_\_\_  
Vice President Signature      Date

<b>OFFICIAL USE ONLY</b>	
Account Code _____	Human Resources _____
E-Class _____	Benefits _____
Position No. _____	I-9 Received _____
Pay Grade _____	FTE _____

# CHANGE OF STATUS AUTHORIZATION GUIDELINES

This form is to be used for changes of status of current employees and reappointment of employees in temporary exempt status positions. This form is NOT to be used for a) students, b) non-exempt staff, c) initial employee appointments, d) reappointment of faculty, or e) exempt staff reclassifications.

## Payroll Information

If the employee begins after the beginning of the semester or after the first of a month, the pay will be pro-rated by the Payroll Office based on the effective date of employment. If the pay is not to be pro-rated, check the "no" box.

## Definitions

A Reappointment of Temporary Exempt Staff Position is for an exempt staff employee continuing university employment with no break in service, (e.g., continuing current position that is grant funded). All necessary forms and credentials should already be on file in Human Resources, the appropriate VP office, and Payroll.

Assignment of Additional Duties is usually for acting or interim positions where the employee is temporarily paid a stipend for the additional duties and responsibilities for a specific period of time.

Educational Status refers to the completion of the terminal degree for tenure-track faculty. An increment will be added to the base salary. (See Section IV-2, in the *ISU Handbook*).

Other-refers to changes of status other than those listed above. They could include a transfer to another department, a change in work period (e.g., from fiscal to academic year appointment), change in FTE, or other actions that are not the result of a search but the base salary is affected.

## Rate of Pay

A stipend is an amount paid to an employee for a specific period of time and is not subject to benefits.

A salary increment is an amount that is added to an employee's base salary and is subject to benefits.

## Process Flow

1. Chairperson or Department Head - Approval Signature
2. Dean or Administrator - Approval Signature
3. Grants (if applicable) - Approval Signature
4. VP - Approval Signature
5. Employee - Acceptance letter returned to the VP
6. Human Resources - Verification
7. Payroll - Payment