Employee Status Change Form

Hampshire College *Office of Human Resources*

Section 1: Status Type

☐ New Hire (Complete Sections 2, 3, 5) ☐ Change (Complete Sections 2, 5, and only fields in 3 that are changing)

☐ Rehire (Complete Sections 2, 3, 5) ☐ Additional Appointment (Complete Sections 2, 5, and 3 based on additional assignment)

☐ Termination (Complete Sections 2, 4, 5) ☐ Other _____

Start Date or Effective Date: _____ End Date (if other than regular status): _____

Section 2: Employee Info

Legal Name: _____ Preferred Name: _____

Last First Middle Last First Middle

Address: _____ Home Telephone Number: _____

Street City Zip Code

Section 3: Position Info

Position Title: _____

Classification: ☐ Administrator (61101) ☐ Staff (61201) ☐ Casual (61401) ☐ Faculty (61001)

☐ Visiting Faculty (61004) ☐ Adjunct Faculty (61006) ☐ Scholar/ Post-Doc (61009)

☐ Faculty Assoc/ Senior Faculty Assoc (61005)

Department: _____ GL Account Number (80 or 90): _____

Building: _____ Office: _____ Phone/Ext: _____ Mailbox: _____

Hourly Rate (Non-Exempt): _____ Annual Salary (Exempt): _____ Budgeted Rate or Salary: _____

If a gap exists between proposed versus budgeted cost, how will you fill the gap within your department budget:

_____

FTE: _____ Employee's Scheduled Weekly Hours: ☐ 35 ☐ 40 ☐ Other _____

Employee's Daily Scheduled Hours (Non-faculty): ____ ____ ____ ____ ____ ____ ____

SUN MON TUE WED THU FRI SAT

Employment Cycle (if position is less than 12 months, indicate employment period): _____ to _____

Faculty Position Type: ☐ Academic Year ☐ Fall Semester ☐ Spring Semester ☐ Other _____

Primary Supervisor (Position Title): _____

Secondary Supervisor (Position Title): _____

Performance Supervisor: _____

If this is a change, reason for change:

☐ Promotion ☐ Demotion ☐ Re-appointment ☐ Misc. Singular Position Change (title, schedule, etc.)

☐ Transfer ☐ Leave of Absence ☐ Sabbatical ☐ FMLA ☐ Course Release

☐ Other _____

Section 4: Termination Information

Last Date Physically Worked: _____ Termination Date: _____

Reason for Termination:

☐ Assignment Complete (ASC) ☐ Involuntary/ Performance (INP) ☐ Retirement (RET)

☐ Violation of Policy (VIO) ☐ Position Eliminated/ Involuntary (PEI) ☐ Voluntary (VOL)

Would you rehire? ☐ Yes ☐ No Reason: _____

All applicable areas of the form must be complete prior to submitting for approval. Once complete, please forward the form to the positions outlined on the second page in the order listed.

Please note, terminations and minor changes (ie. supervisor, schedule, etc.) only require the signature of the division head and human resources.

Section 5: Authorization (Required Signatures)

1. Department Head/ Budget Manager: _____ Date: _____
2. Finance/ Head of Budgets and Planning: _____ Date: _____
3. Human Resources/ Head of HR: _____ Date: _____
4. Division Head: _____ Date: _____
5. President: _____ Date: _____

Section 6: Human Resources Processing (Completed by HR Staff)

HR Process Date: _____ HR Staff Name & Initials: _____

Position ID #: _____

Dept Abbreviation Object Code (3 digit) Title Abbreviation

Non-Faculty Position Type (# of Pay Cycles): _____ Pay Cycle: ☐ EX ☐ EP

XHRS: Medical FTE _____ Benefits Start Date: _____

If voluntary termination, date exit interview email was sent: _____

Additional Notes: _____

_____

_____