

**A&PS, Confidential and Faculty
Change in Status Form**

Form is to be used for currently active, A&PS, Confidential and/or Faculty Employees Only

Originator:		Originator e-mail:		Originator Phone:	
Will the same position number be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If "No", <u>may</u> be necessary to create new position number.)</small>			Current Position Number: New Position Number:*		
Type of Action <input type="checkbox"/> Acting Appointment <input type="checkbox"/> Stipend <input type="checkbox"/> Interim Appointment <input type="checkbox"/> Promotion <input type="checkbox"/> Supplemental Pay <input type="checkbox"/> Title Change <input type="checkbox"/> Change as Result of Position/Comp Review <input type="checkbox"/> Other: <input type="checkbox"/> Salary Increase:		Current Position: <input type="checkbox"/> Faculty <input type="checkbox"/> A&PS <input type="checkbox"/> A&PS Non-exempt (hourly rate) <input type="checkbox"/> Confidential		New Position* <input type="checkbox"/> Faculty <input type="checkbox"/> A&PS <input type="checkbox"/> A&PS Non-exempt (hourly rate) <input type="checkbox"/> Confidential	
Employee Name		Oberlin T-Number		Current Position <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
				Month Term <input type="checkbox"/> 12-Month <input type="checkbox"/> 10-Month <input type="checkbox"/> 9-Month <input type="checkbox"/> Other	
				New Role* <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
				New Month Term* <input type="checkbox"/> 12-Month <input type="checkbox"/> 10-Month <input type="checkbox"/> 9-Month <input type="checkbox"/> Other	
Current Position Title			New, Interim or Acting Position Title*		
Department			Current Salary \$		Current Hourly Rate* \$
Office Location		Office Phone		Action Begin Date*	
				Action End Date*	
Payment Frequency* <input type="checkbox"/> Salary to be paid monthly <input type="checkbox"/> Lump Sum to be paid <input type="checkbox"/> Stipend to be paid monthly <input type="checkbox"/> Supplemental Pay to be paid <input type="checkbox"/> Other		Salary for Interim/Acting Role* \$		Stipend/Lump Sum/Pay Amount* \$	
		Will the additional dollars be used as part of an annual increase to the base appointment salary? Yes <input type="checkbox"/> No <input type="checkbox"/>		New Annual Salary * \$	
				FTE	
				Number of Days or Hours Worked <input type="checkbox"/> Days <input type="checkbox"/> Hours	

* (If applicable)

FOAP INFORMATION

Fund Name	Fund Number	Organization Code	Account	Program	Distribution Percent	Distribution Start Date	Distribution End Date

Supervisor Information:

Supervisor 's Name:

Department Head Date

Supervisor 's Title:

Divisional Budget Manager (if appropriate) Date

Supervisor 's Email:

Supervisor 's Office Phone:

Dean / Division Head Date

Supervisor Oberlin T-Number:

Additional Comments:

Chief Human Resources Officer Date