

**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*

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

Supervisor 's Email:

Supervisor 's Office Phone:

\_\_\_\_\_  
Divisional Budget Manager (if appropriate) Date

Supervisor Oberlin T-Number:

**Additional Comments:**

\_\_\_\_\_  
Dean / Division Head Date

*\*\* Stipend suspensions should include supporting documentation, signed by the employee, acknowledging the stipend is to end. Only Supervisor and Budget Manager signatures are required for stipend suspension requests.*

\_\_\_\_\_  
Chief Human Resources Officer Date