

**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", may be necessary to create new position number.)</small>				Current Position Number:				
				New Position Number:*				
Type of Action		Current Position:			New Position*			
<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:		<input type="checkbox"/> Faculty <input type="checkbox"/> A&PS <input type="checkbox"/> A&PS Non-exempt (hourly rate) <input type="checkbox"/> Confidential			<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		Month Term	New Role*	New Month Term*
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<input type="checkbox"/> 12-Month <input type="checkbox"/> 10-Month <input type="checkbox"/> 9-Month <input type="checkbox"/> Other	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<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*		Salary for Interim/Acting Role*		Stipend/Lump Sum/Pay Amount*		New Annual Salary *		
<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		\$		\$		\$		
		Will the additional dollars be used as part of an annual increase to the base appointment salary?		FTE		Number of Days or Hours Worked		
		Yes <input type="checkbox"/> No <input type="checkbox"/>				<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