

Staff Status Form

Date Submitted: _____

1	Action	Employment: <input type="radio"/> New Hire <input type="radio"/> Rehire <input type="radio"/> Additional Assignment <input type="radio"/> Termination	Changes: (See back) <input type="radio"/> Employee Information <input type="radio"/> Assignment Information <input type="radio"/> Funding Information <input type="radio"/> Other _____	Other: (See back) <input type="radio"/> One Time Add'l Pay <input type="radio"/> Pay Increase <input type="radio"/> FTE from _____ to _____ <input type="radio"/> Exempt/NonEx from _____ to _____ <input type="radio"/> Other _____	
2	Employee Information	Employment Status <input type="radio"/> Active at will <input type="radio"/> CBU <input type="radio"/> Temporary		Mac ID#	Social Security #
		Last Name		First Name	Mid Init.
		Street Address		City	State Zip
3	Assignment Information	Actual Start Date	Actual End Date	Assignment Title	
Supervisor (print)			Supervisor ID (MAC ID)	Hiring Dept	
Grant				Hrly Rate	Mo. Salary
<input type="radio"/> Yes <input type="radio"/> No		Salary \$ _____	Fringe \$ _____	Total \$ Amt	\$
		Fringe % _____	\$	\$	\$
Annual Compensation \$ _____		Pay Classification	Comments:		
Assignment Status <i>Quality for Benefits</i> <input type="radio"/> FT <input type="radio"/> Limited <input type="radio"/> PT		<i>No Benefits</i> <input type="radio"/> Casual <input type="radio"/> Returning	Type <input type="radio"/> Exempt <input type="radio"/> NonExempt <input type="radio"/> CBU (shift) _____	FTE ____ . ____ ____	Another assignment? <input type="radio"/> Yes <input type="radio"/> No
Avg Hrs Per Wk/Mo _____ / Wk or Mo		Typical Work Week (# hours per day) ____ Monday, ____ Tuesday, ____ Wednesday, ____ Thursday, ____ Friday, ____ Sat., ____ Sun.			
4	Fund	Assignment Funding (FOAPAL) # _____			Funding Department/Organization
Comment:					
5	Approval	Supervisor/Hiring Dept Signature		Date	Line Officer (where necessary)
				Date	Date
		Funding Dept Signature (where necessary)		Date	HR (where necessary)
				Date	Date
		Principal Investigator (Grants only)		Date	
VISA	Country of Legal Residence		Visa Type	Exempt from Fed & State Income Tax? <input type="radio"/> Yes <i>If yes, complete Form 8233 and attach.</i> <input type="radio"/> No	
Term	Reason: <input type="radio"/> Voluntary <input type="radio"/> Retirement <input type="radio"/> Involuntary <input type="radio"/> Assignment Ended		Last Day Worked		Eligible for Rehire <input type="radio"/> Yes <input type="radio"/> No
Assignment			Dept		HR Contacted <input type="radio"/> Yes <input type="radio"/> No

Instructions

- Section 1** This section communicates why you are completing this form.
- Employment* Did you hire someone new or rehire, add another assignment to an existing employee, or terminate an employee?
 - Changes* If you have changes within a section, complete that section with the new changes and associated section(s). Answer who, what, and when and sign the form.
 - Other* These changes are more specialized. You still would complete appropriate section(s). Also, some of these actions may require additional documentation or forms.
- Section 2** *Employment Status* Defines the intent of the employee's relationship with the college. Employment relationship may be terminated by employee or the college at any time and for any reason or for no reason except where prohibited by federal or state statute or law.
- Section 3** *Effective Dates* First and last day of work in current assignment.
Assignment Title Use titles that are appropriate for tasks
Grant Budget Fill in Salary \$, Fringe Benefit \$, Fringe %, and Total Salary and Fringe Amounts from your grant budget. The Fringe % is the rate that your grant uses to calculate the Fringe Benefits for your grant budget (such as 10%).
Assignment Status
- | Code | FTE | # Days | Employment Status | Benefits | Account No/Examples |
|------|--------|-------------------|-------------------|----------|---|
| FT | ≥ 0.75 | No end date | Active, CBU | Full | (6005 or 6001) |
| PT | ≤ 0.74 | No end date | Active, CBU | Partial | (6005 or 6001) |
| LMTD | ≥ 0.19 | ≥ 180 consecutive | Temporary | Partial | (6006 or 6001) |
| RTRN | None | None specified | Temporary | None | Coaches, Studio Instr, Bookstore (6006) |
| CAS | None | ≤ 180 consecutive | Temporary | None | (6008) |
- Typical Work Week* Work week is not a guarantee of hours. Schedule may be subject to change.
- Section 4** *Assignment Funding* (fund) – (organization) – (account) – (program) – (activity) – (location)

HR/Payroll Process Form

HR Processing	Position Number		No. of PayPeriods BW _____ Mo _____		Pay per Period \$ _____	Annual Salary \$ _____	FTE Salary \$ _____
	Overload			Terminations			
	Overload <input type="radio"/> Yes <input type="radio"/> No	Exclusion <input type="radio"/> A – FICA only <input type="radio"/> B – FICA and Add'l Misc	Vac PO Eligible <input type="radio"/> Yes <input type="radio"/> No	Total Hrs	FOPAL#		
	Retro Pay	Old Mo/Hr	New Mo/Hr	Retro Amount	FOPAL		
	Entered by	Date	Routing <input type="radio"/> Employee <input type="radio"/> Supervisor	<input type="radio"/> Accounting <input type="radio"/> Personnel File	<input type="radio"/> Payroll	EEO Code	
	Leave of Absence						
	Actual Start Date	Estimated End Date	Leave Type	<input type="radio"/> Medical <input type="radio"/> Personal	<input type="radio"/> Maternity <input type="radio"/> Other _____		
	Leave Time Hours Used						
	Maternity Days	Dates	Vacation Days		Dates		
	_____	_____ to _____	_____		_____ to _____		
Medical Days	Dates	Unpaid Days		Dates			
_____	_____ to _____	_____		_____ to _____			