

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_