



# Change of Status Notice

Last Name

First Name

Employee ID

**Leave of Absence**

*Specify the nature of the leave*

- Administrative Leave       Scholarly Leave
- Family Leave                 Personal Leave
- Medical Leave                 Military Leave

*Do not use this form to report sabbatical leaves. They are listed on the full-time faculty payroll report.*

**Duration**

*List the beginning and the ending dates for leave*

Start Date

End Date

*Extension beyond the date of return listed requires approval & an additional Change of Status Notice*

**Inactivation**

*List the date the employee will work and the anticipated date of return*

**Inactivate**

Last Date to Work

Projected Date of Return

*Use for non-faculty employees whose work year is less than 12 months. Employee will remain inactive until reactivated*

**Reactivation**

*List the date the employee will return to work*

**Reactivate**

Date of Return

*Use for employees who have worked within the last twelve months. Employees inactive for more than twelve months require a complete new PIN*

**Comments:** *Describe the reason for the change*

*For Medical LOA's, please leave blank.  
DO NOT include any personal health information.*

Department Head

College/Divison

Campus Provost

CFO & COO

Date

Date

Date

Date