



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*

Department Head

College/Divison

Campus Provost

CFO & COO

Date

Date

Date

Date