



# STUDENT EMPLOYMENT REAPPOINTMENT & STATUS CHANGE FORM

EMPLOYEE NAME:	ID#	DEPT:
SPVR. NAME:		EXT:
TIMEKEEPER NAME:		EXT:

**SECTION 1- REAPPOINTMENT (To be used only if you are reappointing an employee who has previously worked in your department)**

<i>Select Appointment Type:</i>  Student Assistant (1870)  Bridge Student Assistant (1874)  Switch from Work Study to Student Assistant	Working Title: _____  Current Pay Rate: _____  Anticipated Hours/wk.: _____  Proposed Effective Date: _____
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Funding Source (1):	<b>BUDGET USE ONLY</b>	<b>CMS#</b>	<b>Initials:</b>
Funding Source (2):		<b>CMS#</b>	<b>Initials:</b>
Funding Source (3):		<b>CMS#</b>	<b>Initials:</b>

**SECTION 2- PAY RATE CHANGE (To be used only if you are requesting a pay increase)**

*\*Pay increases will be effective on the first day of the following pay period from the date the request is received in Human Resources.*

*Select Increase Type:*

Service Pay Increase	<i>Justification: (attach additional documents if needed)</i>
Job Progression Increase	
Equity Increase	

Current Hourly Rate: \_\_\_\_\_

Requested Rate: \_\_\_\_\_

<b>HR Assigned Effective Date:</b>			
<table style="width:100%;"> <tr> <td style="width:30%;"><b>Payroll Verified Hrs.:</b></td> <td style="width:30%;"><b>As of:</b></td> <td style="width:40%;"><b>Initials:</b></td> </tr> </table>	<b>Payroll Verified Hrs.:</b>	<b>As of:</b>	<b>Initials:</b>
<b>Payroll Verified Hrs.:</b>	<b>As of:</b>	<b>Initials:</b>	

**SECTION 3- EMPLOYMENT SEPARATION -Only an MPP or Dept. Chair may terminate employment for cause and must contact Human Resources prior to notifying the employee of their termination. The employee must receive their final paycheck at the time of termination.**

Voluntary resignation  Exhausted Federal Work Study Funds  Not enrolled in required units  Graduated	Temporary assignment completed  Performance  Other:  <b>Last Day Worked:</b>	<b>Checklist:</b> <input checked="" type="checkbox"/> Attach a paper timesheet for all hours worked in current pay period. <input checked="" type="checkbox"/> Attach resignation letter (if applicable).  <b>HR Term Date:</b>
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**SECTION 4- APPROVAL SIGNATURES REQUIRED**

<b>MPP/DEPT.CHAIR/P.I.</b>		
Name:	Signature:	Date:

**HR USE ONLY**

<b>Key Date:</b> _____ <b>Initials:</b> _____  <b>Record #</b> 271-      -      -	<b>Notes:</b>
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**For signing the document, use the “Fill and Sign” Adobe tool.**



*\* If you do not have Adobe installed on your device, you can download it for free by going to <https://get.adobe.com/reader/>.*

*\* Information on how to use the “Fill & Sign” Adobe tool can be located by going to <https://helpx.adobe.com/acrobat/using/fill-and-sign.html>.*