THE UNIVERSITY OF MEMPHIS

# Faculty Status Change Form

***Department/College must notify Grants Accounting immediately if employee salary will be split to a grant project index/FOAP.***

## Section I: Assignment Information

**TYPE OF REQUEST:** Reappointment **FACULTY RANK:** Professor

Salutation: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

Employee Name: _____ Banner ID: _____
Last First Middle

Department: _____ Timesheet Org: _____

Administrative Title (if applicable, e.g. Dean, Director, Department Chair, etc.): _____

| Pay Amount | Pay Frequency | Percent of Full Time | Begin Date | End Date | Position Number | E-Class |
|---|---|---|---|---|---|---|
| | Per Month | | | | | AE: Admin/Acad Exec |

*Complete for Internships, Stipends, & Professorships Only*

| Index Number | Fund | Org | Program | Activity |
|---|---|---|---|---|
| | | | | |
| | | | | |
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## Section II: Contact Information & Chair/Dean Approvals

Departmental Contact:_____ E-Mail Address:_____ Phone:_____

*The person named above is recommended for employment under the terms indicated. Approval signatures indicate that necessary funds are available.*

Chair/Director Signature: _____ Date: _____

Dean Signature: _____ Date: _____

***Upon Dean's approval, this form and any supporting documents should be forwarded to Faculty Administrative Services (AD374).***

## Section III: Provost Approval

Provost/Appropriate University Official Signature: _____ Date: _____

## Section IV: Comments *(Add additional pages if necessary.)*