

Faculty Status Change Form

Department/College must notify Section I: Assignment Ir		tely if employee	e salary will be split t	o a grant project	index/FOAP.		
TYPE OF REQUEST:		FACULTY RANK:					
Salutation:DrM	rMsMrs.						
Employee Name: Last	First	Middle	Banner ID	:			
Department:	Timesheet Org:						
Administrative Title (if applica	able, e.g. Dean, Director, D	epartment Cha	air, etc.):				
Pay Amount	Pay Frequency	Percent of Full Time	Begin Date		Position Number	E-Class	
Complete for Internships, S							
Index Number	Fund	Org	Prog	gram	Activi	ty	
Section II: Contact Infor	mation & Chair/Dean	Approvals					
Departmental Contact:	E-Mail Address:				Phone:		
The person named above is re funds are available.	ecommended for employme	ent under the t	erms indicated. Ap	proval signature	es indicate tha	t necessary	
Chair/Director Signature:				Date:			
Dean Signature:	Date:						
Upon Dean's approval, this f	orm and any supporting d	ocuments sho	uld be forwarded t	o Human Resou	rces, Attn FAS	5, (AD165).	
Section III: Provost App	roval						
Provost/Appropriate Universi	ty Official Signature:			Date:			
Section IV: Comments (A	Add additional pages if nece	essary.)					