

**CHANGE OF STATUS REPORT**

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

JOB TITLE \_\_\_\_\_

I. LEAVE OF ABSENCE

- a. Date Commenced \_\_\_\_\_
- b. Length of LOA \_\_\_\_\_
- c. Return to work date (est.) \_\_\_\_\_
- d. Reason \_\_\_\_\_  
\_\_\_\_\_

II. RETURN FROM LEAVE OF ABSENCE

- a. Date of Return \_\_\_\_\_
- b. Salary \_\_\_\_\_

III. TRANSFER

- a. Present Job Title \_\_\_\_\_
- b. Present Salary \_\_\_\_\_
- c. New Job \_\_\_\_\_
- d. New Salary \_\_\_\_\_
- e. Effective Date \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Vice President / Associate Provost

\_\_\_\_\_  
President

IV. TERMINATION

Date \_\_\_\_\_

- a. Resigned
- b. Discharged  Explain Below
- c. Resignation Requested
- d. Left W/O Notice

	Excellent	Good	Fair	Poor
Attendance				
Quality of Work				
Dependability				
Cooperation				
Initiative				
Attitude				

Would you re-employ? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures:

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Vice President / Associate Provost

\_\_\_\_\_  
President