

**MARYMOUNT MANHATTAN COLLEGE**  
**EMPLOYEE STATUS CHANGE FORM**

**HR/Payroll Use Only**

ADP File # \_\_\_\_\_

Time & Attendance Y / N

Use for all Full Time, Part Time and Adjunct Employee status changes

\* Reason for change is required

PA Form - Employee Change (Revised 02/2018)

**1. Employee Information**

Employee's Name \_\_\_\_\_

**2. Change Requested** Check all that apply:

☐ Department ☐ Job Title ☐ Salary/Rate ☐ Benefit ☐ Termination ☐ Other \_\_\_\_\_

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ If a termination: ☐ Voluntary ☐ Involuntary

Reason for change \* \_\_\_\_\_

Current Dept. \_\_\_\_\_ Current Budget Code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Fund Object Code Dept. #

New Dept. \_\_\_\_\_ New Budget Code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Fund Object Code Dept. #

Current title \_\_\_\_\_ New title \_\_\_\_\_

Current salary/rate/stipend \$ \_\_\_\_\_ New salary/rate/stipend \$ \_\_\_\_\_

Approves Timesheet (if app.) \_\_\_\_\_ Reports To \_\_\_\_\_

**3. Department Approvals**

Mgr./Director/Chair/Dean \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Print & Sign Name)

Area Vice President (if app. - not required for stipends <\$5000) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Print & Sign Name)

President (if app.) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. Financial Aid Approval**

Total Hours (per fiscal year) \_\_\_\_\_ Total FWS Award: \$ \_\_\_\_\_ FWS Eligibility: Yes ☐ No ☐

Financial Aid Approval \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Print & Sign Name)

**5. Budget Approval**

Funds Available Yes ☐ No ☐ \$ \_\_\_\_\_ Obj. Code \_\_\_\_\_ Dept. \_\_\_\_\_  
Amount Available

Current Position # \_\_\_\_\_ Bus. Unit \_\_\_\_\_ New Position # \_\_\_\_\_

Budget Approval \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Print & Sign Name)

**6. Human Resources Approval**

Union \_\_\_\_\_  
HR USE ONLY

Director \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Print & Sign Name)