

## Change of Status Request

<b>INSTRUCTIONS:</b>	This form should be used to report all changes in status including renewals of appointment, changes in title, changes in salary, changes in obligation, changes in supervisor, leaves and terminations for all academic, classified and professional staff including Graduate Assistants and Teaching Assistants.	FORM INITIATED BY: <b>K. Connors</b>
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EMPLOYEE DATA			
Site and Dept. <b>Utica- College of Arts &amp; Sciences</b>	Funding Acct.	NYS ID# <b>NO 1739 474</b>	Supervisor <b>Zora Thomova</b>
Current Line # <b>10102</b>	Employee's Name (First Name, M.I., Last) <b>Steven Schneider</b>	SUNY ID# <b>170823</b>	<input checked="" type="checkbox"/> Professional Service <input type="checkbox"/> Classified Service <input type="checkbox"/> Student Service

CHANGE/RENEWAL OF APPOINTMENT TYPE	
<input type="checkbox"/> Permanent Appointment (Requires Chancellor's approval for Professional Employees) <input type="checkbox"/> Probationary Appointment (for Professional Employees only) <input type="checkbox"/> Probation Completion (Classified Service only) <input type="checkbox"/> Renewal of: <input type="checkbox"/> Temporary Appointment <input type="checkbox"/> Term Appointment    ____ (# of years) from ____ to ____ <input type="checkbox"/> No changes in terms of appointment <input type="checkbox"/> Change terms of appointment as noted below (see Remarks section)	

CHANGE(S) IN TERMS OF APPOINTMENT			
Present Title	New Title	Effective Date	Ending Date
Present Salary \$	New Salary \$		
Present Obligation (full-time, part-time %)	New Obligation		

CHANGES IN SUPERVISOR/DEPARTMENT		
Previous Supervisor/Department: <b>Zora Thomova</b>	New Supervisor/Department: <b>Andrew Russell</b>	Effective Date: <b>7/7/2016</b>

TERMINATION/NON-RENEWAL OF APPOINTMENT		
<input type="checkbox"/> Non-Renewal of Term Appointment <input type="checkbox"/> Non-Renewal of Temp Appointment	<input type="checkbox"/> Resigned (see letter) <input type="checkbox"/> Termination of Classified Appt <input type="checkbox"/> Retired <input type="checkbox"/> Other (types on reverse):	Eff. Date (COB)

REMARKS (FOR PART-TIME FACULTY, PLEASE INDICATE COURSE(S) TAUGHT)	
EE List <input checked="" type="checkbox"/> <b>KC</b> JCOPE <b>N/A</b> Payroll Deadline _____	

Negotiating Unit	Pay Basis	SAL.GRD.	New Line #	Incr. Code	Updated Notice Date	Updated Cont. Appt. Date
<input checked="" type="checkbox"/> UUP(08) <input type="checkbox"/> M/C(13) <input type="checkbox"/> CSEA(02) <input type="checkbox"/> CSEA (03) <input type="checkbox"/> NYSCOPBA(21) <input type="checkbox"/> PEF(05) <input type="checkbox"/> GSEU(28) <input type="checkbox"/> PBANYS (31)						

APPROVALS & ADMINISTRATIVE REVIEW (SIGN and DATE)			
Supervisor:	Date: <b>8/17/16</b>	Provost (if faculty): _____	Date: _____
Finance/Budget: _____	Date: _____	<b>18 Aug 2016</b>	
VP of HR: _____	Date: _____	Employee: _____	Date: _____
SVP/COO: _____	Date: _____		

ADMINISTRATIVE REVIEW			
Asst. VP Benefits: _____	SUNYHR:E _____	C _____	Benefits: _____ Payroll : _____ NYSTEP: _____