

MOLLOY UNIVERSITY Status Change Form

EmployeeInformatio	n								
Name:			Effective Date:		Reports to:				
Position/Title:			Department:						
Changes for Current Employee.									
Select all that apply. Please provide a brief explanation in the comments.									
Device de la Transferi		FLOAGI		Title Change		T			
Department Transfer Reorganization		FLSA Change (Exempt/Non-Exempt)		Title Change		Termination *Resignation must be attached			
Leave of Absence		Category Change (Admin, Staff, Faculty, Adj, Aux_Fac. Temp to Perm)		Status Change (P/T, F/T, PD, Weeks per Year)		Other – Please provide change request reason in the comment section.			
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			Con	nments					
DepartmentTransfer									
Previous Department:			New Department:						
Effective Date:			Reason for Transfer:						
Title Change.									
Request must be accor	mpanied	by an up-to-date job desc	ription and	justification memo	*				
Previous Title:			New Title:						
Effective Date:									
Change of Rate of Pa	N .								
		nclude a justification mem	no detailing	the reason for the	change.				
Current Salary (exempt):				Proposed Salary (exempt):					
Current Hourly Pay Rate (non-exempt):				Proposed Hourly Pay Rate (non-exempt):					
Current Grade:				Proposed Grade:					
Effective Date:				*Please provide justification memo*					

Resignation/Termination						
Resignation Date:	Last Day Worked:					
□ Resignation Voluntary	□ ResignationInvoluntary					
□ Retired	*Resignation letter provided to HR*					
Rehire Eligibility: ☐ Yes ☐ No	*If no, what is the reason:					
Forwarding Address:	Severance Agreement : ☐ Yes ☐ No	Agreement : □ Yes □ No				
Approvals						
Please sign below and forward to Human Resources at Requeststohire@molloy.edu						
Manager/Director:	Date:					
Dean/VicePresident:	Date:					
Assistant Vice President for Human Resources:	Date:					
Position Control #:						
(Budgetary Changes Only)	Date:					
Controller:						
Vice President for Finance:		Date:				
(For Reorganization Only)	Date:					
President:						