

**MEDAILLE UNIVERSITY
CHANGE OF STATUS FORM**

Employee Name: _____
Title: _____
Department: _____
Budget #: _____
Effective Date: _____

Rate Change

___ Orientation ___ Merit ___ Promotion ___ Annual ___ Other

| | Old Rate | New Rate |
|------------------|-----------------|-----------------|
| Hourly: | \$ _____ | \$ _____ |
| Annually: | \$ _____ | \$ _____ |

Status: ___ Full-Time ___ Part-Time

Position: ___ Faculty ___ Administrative ___ Staff ___ Adjunct ___ Other

Transfer or Promotion

| | Title | Department |
|--------------|--------------|-------------------|
| From: | _____ | _____ |
| To: | _____ | _____ |

Signatures

Please Print Name

| | | |
|--|---|----------------------|
| _____ Supervisor | _____ Supervisor | _____ Date |
| _____ Department Chair (if applicable) | _____ Department Chair (if applicable) | _____ Date |
| _____ Vice President | _____ Vice President | _____ Date |
| _____ Director of Human Resources | Barbara J. Bilotta _____ Director of Human Resources | _____ Date |
| _____ Business and Finance | Deborah Strychalski _____ Controller | _____ Date |
| _____ President | Lori V. Quigley, Ph.D. _____ Interim President | _____ Date |

Copies: Human Resources Payroll