



Lake Superior College Employment Status Change Form

Use this form for anything related to employment that does not require a hire process: change in hours or number of weeks, temporary re-assignment, change in funding, employment condition (PT, seasonal, temp).

Name _____ Job Title _____ Dept _____

Barg, Unit _____ **Effective Date of Change** _____

Change in Hours: Current Hrs/Wk _____ to New Hours/Wk _____
Current Annual Total _____ to New Annual Total _____*

Change in Weeks Worked: Current # of Weeks _____ to New # Weeks _____
Current Annual Hrs _____ to New Annual Hours _____*
Seasonal Start Date _____ End Date _____

Summer Extension: # of Weeks _____ Hours/Week _____ = Total Hrs _____

Benefit Eligibility Change: (**Lower limits: PT = 1044 hrs, FT = 1566 hrs.**)
Current Benefit Eligibility - None PT FT (circle one)
New Benefit Eligibility - None PT FT (circle one)

Change in Funding: New Source(s) % _____ to CC _____
% _____ to CC _____
% _____ to CC _____

Salary Savings: % Time _____ Number of days _____ Start date: _____

Leave of Absence Request: **Attach letter of request to this form**
Start Date _____ End Date _____
Reason for Leave: _____

Temporary Re-assignment or Work-Out-Of-Class:
New Job Title _____ Barg. Unit _____
Start Date: _____ End Date: _____
Change in Pay – New Rate: _____

Change in Supervisor: New Supervisor _____

Change in Location: New room and phone: _____

Supervisor _____ Vice President _____
Date Date

Verified for CC funds: VP Finance & Admin. _____
Date

Received in HR and processed by _____
Date