CHANGE OF EMPLOYMENT STATUS REQUEST FORM

This form should be completed by the department head who wishes to change the work schedule of an employee from. part time to full time or vise versa.

Employee's Name: _____

Current Position: _____ FT or PT _____

Is the request to change the employee's work schedule to full time or part time? _____

If part time, expected number of hours employee will work per week:

_____

If the request is to change an employee from part time to full-time, will the requested change result in the creation of a new full time position?

Yes _____ No _____

If no, which employee will be replaced? _____

NOTE: **Approval of change of status is contingent upon the receipt of a separation notice for the employee to be replaced.**

If yes, explain why the new full time position is needed. _____

_____

_____

_____ _____

Department Head Approved, BOC

_____ _____

Date Date

Change of status will be official on date approval is granted.