EMPLOYEE STATUS CHANGE REQUEST FORM for OIT Department

Employee Status:  □ New Hire  □ Transfer  □ Promotion  □ Demotion
                   □ Other ____________________________________
                   (Description)

Effective Date: __________

New Position: ___________________________ Exempt: □

New Department: ___________________________ Faculty: □ Staff: □

Reporting to:
   (Full Name) ____________ (Title) ____________
   (Location) ____________ (Phone) ____________ (Ext.)

New Location: ___________________________

Required Equipment:

□ Telephone: ____________ ext.: ____________
   (For OIT use only) (For OIT use only)

□ Cell phone: □ Total Min. ____ Local: □ Domestic: □
   (For OIT use only)

□ Email Addr: ____________________________
   (For OIT use only)

□ Computer: ____________________________
   (For OIT use only)

□ Network Printer: ____________ □ Other Printer: ____________
   (For OIT use only) (For OIT use only)

User of: Staplelink.com: □ Thomsan Office Supply: □
□ Other Requirements: __________________________________________
                   __________________________________________

Authorized: ____________ Title: _____ Date: ______
   (Printed Name)
   (Signature)

Approved: ____________ Title: _____ Date: ______
   (Printed Name)
   (Signature)

Employee Signature: ____________ Date: ______