

SOUTHWEST
TENNESSEE COMMUNITY COLLEGE
OFFICE OF HUMAN RESOURCES
REQUEST FOR CHANGE OF STATUS

BUDGET CHANGES

NAME _____ BANNER ID _____

ACCOUNT NUMBER CHANGE FROM _____ TO _____

POSITION NUMBER CHANGE FROM _____ TO _____

TITLE CHANGE FROM _____ TO _____

REAPPOINTMENT FOR INSTITUTIONAL WORK STUDY ADJUNCT FACULTY

TEMPORARY SUPPORT/PROFESSIONAL STAFF

SALARY CHANGE FROM _____ TO _____

EFFECTIVE DATE OF CHANGE _____

REASON FOR CHANGE _____

APPROVAL

DEPARTMENT HEAD/DIRECTOR

DIRECTOR OF HUMAN RESOURCES

DEAN/EXECUTIVE DIRECTOR (if applicable)

PROVOST **OR** VICE PRESIDENT

DIRECTOR OF AFFIRMATIVE ACTION
(permanent positions only)

PRESIDENT (permanent positions only)

PROCESSING

PAYROLL

DATE

SIGNATURES NEEDED FOR “REQUEST FOR CHANGE OF STATUS” FORM

Approval – Not all signatures are required. Required signatures will be dependent on the administrative level initiating the request.

FOR EXAMPLE

1. If initiated by a Director, signatures will be required by the appropriate Executive Director, Director of Affirmative Action, Director of Human Resources, appropriate Vice-President and the President.
2. If initiated by a Department Head, signatures will be required by the appropriate Dean, Director of Affirmative Action, Director of Human Resources, the Provost and the President.
3. If initiated by a Dean, signatures will be required by the Director of Affirmative Action, Director of Human Resources, the Provost and the President.
4. If initiated by an Executive Director, signatures will be required by the Director of Affirmative Action, Director of Human Resources, appropriate Vice-President and the President.
5. If initiated by a Vice-President/Provost, signatures will be required by the Director of Affirmative Action, Director of Human Resources, and the President.