

STATUS CHANGE REQUEST FORM
Staff and Student Employees

Employee Name:	ASU ID Number:	
Department:	Change/s Effective Date (allow 2 weeks for approvals and processing):	
Account Number: <input type="checkbox"/> Check box if 100 % Grant Funded	If funding is expected to end (e.g. grant, start-up), what is the expected end date for these funds:	
Change Requested:	Current FTE/Salary/Title	New FTE/Salary/Title
<input type="checkbox"/> FTE (or hours per week)		
<input type="checkbox"/> Salary (or hourly rate)		
<input type="checkbox"/> Title (must include new job duties in justification)		
<input type="checkbox"/> Reports to (direct manager/supervisor)		
<input type="checkbox"/> Job End Date (if job should be terminated due to sponsored funding ending OR the expected end date is changing)		

If you are requesting a title change, include the job duties that are changing and provide a copy of ASU job description for that title and employee’s resume.

BUSINESS JUSTIFICATION (Attach Additional Pages if Necessary):

Please include any additional documentation such as letter or email of other job offer, new job description

DIRECT MANAGER SIGNATURE: PI MANAGER FOR SPONSORED ACCOUNTS:	
Signature	
Name (type)	Date
FINANCE (NON-SPONSORED ACCOUNTS): RESEARCH ADVANCEMENT (SPONSORED ACCOUNTS):	
Signature	
Name (type)	Date

DIRECTOR:	
Signature	
Name (type)	Date
DEAN (not required for 100% sponsored funded positions):	
Signature	
Name (type)	Date

Please note that all requests require final approval by Central University Human Resources and could be denied.