

HR 200/Change of Status

State

Revised: 07/23/18

Affiliated Corporation

Comments Prepared by: Date: Extension: **Employee Information** Employee myWSU ID#: Name: First M.I. Last **Reason Codes Current Status: University Support Staff Unclassified Professional** Exempt Non-Exempt Exempt (Salary) Non-Exempt (Hourly) **Faculty** (Salary) (Hourly) Length of **Professional** Instruction **Appointment Probationary** Shift Dif. Temporary None **Temporary** 9 month Temporary **Trades** Probationary Contingent Less than .5 10 month Regular Provisional .5 or more 12 month Tenured Grade/Step: Regular Term (Other) Hourly/Other Amt. Executive Annual/Hourly Amt. Org. No. **Organization Name** GU RU \$ \$ Fund# Employee's Supv.and WSU ID#: Fund# Position No. **Position Title** FTE **Stop Date** Temporary Permanent **New Status: Effective Date:** Change Change **University Support Staff Unclassified Professional** Exempt Non-Exempt Exempt Non-Exempt (Salary) (Hourly) (Salary) (Hourly) **Faculty** Length of **Professional** Instruction **Appointment** Probationary Shift Dif. Temporary **Temporary** None 9 month Temporary **Trades** Contingent Less than .5 10 month Probationary Regular Provisional .5 or more 12 month Tenured Regular Term (Other) Grade/Step: Hourly/Other Amt. Executive Annual/Hourly Amt. Org. No. **Organization Name** GU RU \$ \$ Employee's Supv.and WSU ID#: Fund# Fund # **Position Title** Position No. Stop Date **Required Signatures:** Budget Review Officer: _ University Budget Director: ____ Date _____ President/Vice President: ___ Date _____ BANNER APPROVED FUNDING – UNIV. BUDGET OFFICE ONLY:FTE: PClass: EClass: ____ Account Position Fund Organization Amount % FTE