MILLERSVILLE UNIVERSITY - EMPLOYEE STATUS CHANGE REQUEST FORM

PERSONNEL DATA

Last Name:		**Perner #**	
First Name:		**Middle Name:**	

EFFECTIVE DATE OF CHANGE: _____   **DEPARTMENT:** _____

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CHANGE REQUESTED / JOB INFORMATION:

Current Status

Job Title:

Position #:

Location:

CAMPUS Address:

Shift Change:

Work Schedule:

	SA	SU	M	T	W	TH	F
WK#1:	SA	SU	M	T	W	TH	F
HRS:							
WK#2:	SA	SU	M	T	W	TH	F
HRS :							

Supervisor:

New Status

Job Title:

Position #:

Location:

CAMPUS Address:

Shift Change:

Work Schedule:

	SA	SU	M	T	W	TH	F
WK#1:	SA	SU	M	T	W	TH	F
HRS:							
WK#2:	SA	SU	M	T	W	TH	F
HRS :							

Supervisor:

Supervisor/Manager: _____   Date: _____
  Printed Name: _____

Human Resources: _____   Date: _____

CC: Payroll, Randy Coder