KENT STATE
U N I V E R S I T Y

Change in Status/
Term Assignment Renewal Form
*** (Not to be used for posted position hires) ***

Originator (Contact):	Contact Kent State e-mail address:	Contact Phone:

Will the same position number be used? ☐ Yes ☐ No
(If "No", a new PRA **may** be necessary to create the new position number.)

Current Position Number:

New Position Number:

Action	*Current Position:	*New Position:
☐ Renewal of Term Assignment	☐ Classified Non-Bargaining	☐ Classified Non-Bargaining
☐ Status Change	☐ Classified AFSCME	☐ Classified AFSCME
☐ Pay Increase	☐ Faculty	☐ Faculty
☐ Promotion	☐ Unclassified	☐ Unclassified
☐ Change as Result of Comp Review	☐ Unclassified Non-exempt (hourly rate)	☐ Unclassified Non-exempt (hourly rate)
☐ Other:		

Name		Kent State ID Number	Current Position is: ☐ Full-time ☐ Part-time	Position will be: ☐ Full-time ☐ Part-time

Position Title

Manager Level

Department

Assign Begin Date

Assign End Date

College	Division	Campus	Work Location (Bldg./Phone)

Salary Base
☐ Hourly $
☐ 9 Mo. $
☐ 10 Mo. $
☐ 12 Mo. $
☐ Other

Salary for the Period (grants use only)
$

☐ Continuing
☐ Term/Temp
☐ Grant

Pay Grade

FTE

Number of Days or Hours Worked
☐ Days
☐ Hours

***Additional Funding:** If this change will result in a higher salary, identify source(s). Please be specific.

BUDGET INFORMATION

Index Name	Index No.	Org. Code	Account	Distribution Percent	Dist. Start Date	Dist. End Date

Leave on the Web/Kronos
Leave/Time Approver Name:
Leave/Time Approver Position Number:
Leave/Time Approver Kent State ID:
Evaluator (if different than above)
Supervisor Approver Name:
Supervisor Kent State ID:
Comments:

_____
Academic Personnel/HR Records use only below this line

Distribution:
Benefits
HR Records
Payroll

_____
Principal Investigator (if grant funded)   **Date**

_____
Research & Sponsored Programs (if grant funded)   **Date**

_____
Department Head/Campus Dean   **Date**

_____
College Budget Officer (if appropriate)   **Date**

_____
Divisional Budget Officer   **Date**

_____
Compensation   **Date**

_____
Appointing Authority   **Date**

Division _____