## BALDWIN WALLACE UNIVERSITY CHANGE OF STATUS REPORT

Name: Last		First		Middle	
Address:					
Street	City		State	Zip code	
Social Security Number:		Н			
Promotion Tra	nsfer	Rehire		Other	
Reason					
Replaced:					
To be completed by HR:	completed if	n Share Form applicable	1	Initialed by	
	Fro	om		То	
Department:					
Account Number:					
Job Title:	_				
Supervisor:	_				
Part/Full Time Status:					
Job Code (Admin.,Staff,Fac.)					
Classification:					
Rate (Hrly.,Mo.,Annual):					
Effective Date:					
Dept. Head Signature				Date:	
V.P. Signature:			[	Date:	

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