

Faculty Status Change Form

Use this form ONLY if requesting a status change.

Faculty Name: _____ **Department:** _____

KSU#: _____ **Effective Date:** _____

Status Change Type: (please check all that apply)

Title / _____

Salary / _____

Department / _____

Funding Source / _____

Workload Breakdown (must total 100%) Admin % _____ Instruction % _____ Research % _____ Service % _____

Stipend (Note: Additional Stipend Request Form required; contact Faculty Affairs) / _____

Tenure Track to Non-Tenure Track

9 to 12 month conversion

12 to 9 month conversion

Extend Limited Term Faculty (same position only) ___ 1 semester ___ 9 -month ___ 12 -month

Additional Degree Earned / _____ (Please attach appropriate documentation, eg. Transcript)

Supervisor change in ADP (eTime) / _____

Other, please list _____

Budget Position #: _____

Source of Funding Department #: _____

Funding

Distribution:

100% from Home Department listed above

Split Funded or Other Funded (detail in comments)

% _____ ADP Acct Code/ _____	% _____ ADP Acct Code/ _____	% _____ ADP Acct Code/ _____
Dept. ID:	Dept. ID	Dept. ID:

Dean: Print Name _____ Signature _____ Date: _____

Dept. Chair: Print Name _____ Signature _____ Date: _____

Business Manager: Print Name _____ Signature _____ Date: _____

AAF Financial Officer: Print Name _____ Signature _____ Date: _____