

BALDWIN WALLACE COLLEGE CHANGE OF STATUS REPORT

Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip code

Social Security Number: _____ Hire Date: _____

Promotion Transfer Rehire Other

Reason _____

Replaced: _____ New Position: _____

New Premim Share Form

To be completed by HR:

completed if applicable

Initialed by

	From	To
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: _____