

**CHANGE OF STATUS
TERMINATION**

**BARNARD COLLEGE
Change of Status**

Directions: This form is required for any change of status, including promotions & terminations. Please fill out the entire form and have it signed by the Budget Director or Associate Controller (if it is funded by a grant) before bringing it to the Provost's Office for approval and processing.

LAST _____ FIRST _____ MIDDLE _____

S.S. NO. _____ DEPARTMENT _____

FILL OUT BELOW FOR CHANGE OF STATUS:

CURRENT RANK/TITLE _____ NEW RANK/STATUS _____

CURRENT SALARY _____ NEW SALARY _____

CURRENT FTE _____ NEW FTE _____

START DATE _____ END DATE _____ PAY INSTALLMENTS _____

FILL OUT BELOW FOR TERMINATION:

TERMINATION DATE _____

REASON FOR TERMINATION _____

Additional Information for Payroll & Benefits (To be filled out by Provost's Office Only)

Chair

Date

Provost

Budget Director/Associate Controller