

## Warren Wilson College Status/Title Change Form

Employee Name	
Department	Effective Date of Change
Reason for Change <input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Restructuring <input type="checkbox"/> Others _____	
Rationale	

**Only complete those fields that require a change**

	FROM	TO
Position Type	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Title		
Department		
Supervisor		
Payroll Type	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Pay rate/Salary		

- New position description attached  
 New nametag required

**Approvals**

Supervisor	Date
VP/Dean	Date
President	Date