

Niiwin Akeaa Campus
 111 Beartown Road
 Baraga, MI 49908
 Phone: (906) 353-4630
 Fax: (906) 353-8107



Wabanung Campus
 770 N. Main St.
 L'Anse, MI 49946
 Phone: (906) 524-8400
 Fax: (906) 524-8106

"Catch Your Dream Through a Superior Education"
 Employee Status Report

Name: _____ Date: ____ - ____ - ____

Address: _____ Social Security #: ____ - ____ - ____

Is this your current address? ____ or is this a new address? ____ Phone #: (____) - ____ - ____

- | | | |
|--|---|--|
| <input type="checkbox"/> HIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> SENIORITY INCREASE ____ YEARS |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> MERIT INCREASE |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> SUSPENSION | <input type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> RETURN TO PROBATION |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> RETURN FROM LEAVE OF ABSENCE |
| <input type="checkbox"/> TEMP TRASNFER | <input type="checkbox"/> LEAVE OF ABSENCE | <input type="checkbox"/> OTHER: |

IF OTHER EXPLAIN HERE:

Department: _____ Job Code: _____

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> FULL TIME | <input type="checkbox"/> EXEMPT | <input type="checkbox"/> PROBATION ____ DAYS |
| <input type="checkbox"/> PART TIME | <input type="checkbox"/> NON-EXEMPT | |

CHANGE	PREVIOUS (does not apply to new employees)	NEW
JOB		
PAY RATE		

LEAVE OF ABSENCE:

FROM: ____ - ____ - ____ To: ____ - ____ - ____

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> MATERNITY | <input type="checkbox"/> MILITARY |
| <input type="checkbox"/> MEDICAL | <input type="checkbox"/> EDUCATION |
| <input type="checkbox"/> PERSONAL | <input type="checkbox"/> OTHER |

If other: _____

THIS SECTION IS FOR PERSONNEL DEPARTMENT USE ONLY

- HIRE TYPE: BOARD OF REGENTS HIRING COMMITTEE APPROVED
 AUTHORIZED DIRECT DEPARTMENT (DEAN OF ACADEMIC AFFAIRS)

APPROVED BY:

 Dean of Academic Affairs Date: ____ - ____ - ____

 President Date: ____ - ____ - ____

 Board of Regents Chairman Date: ____ - ____ - ____