|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THE SULLIVAN UNIVERSITY SYSTEM PERSONNEL STATUS REPORT (PSR)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location Code: | | |  | | | | | | | | | | | Date: | | | | | | | |  | | | | | | |
| Employee Name (Last, First, MI) | | |  | | | | | | | | | | | Social Security Number (last 4 digits only) | | | | | | | |  | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEW EMPLOYEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address (include city, state, zip) | |  | | | | | | | | | | | | | | | | Phone | | |  | | | | | | | |
| Salaried | | Starting Salary | | |  | | | | Exempt | | | Full-Time 30+ hours/week | | | | | | Day | | | | | | Student Worker | | | | |
| Hourly | | Non-Exempt | | | Part-Time | | | | | | Night | | | | | | Work Study | | | | |
| Job to be Performed: | | | | | | | | | | | | | | | | | | First Day of Work: | | | | | | |  | | | |
| Addition to Staff or Replacement: | | | | | |  | | | | | | | | | | | Next Review Date: | | | | | |  | | | | | |
| If replacement, what is the name and job title of position being replaced? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| CHANGE IN STATUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description | | | From | | | | | | | To | | | | | | | | | | | | Effective Date | | | | | | |
| Job Title | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | | |
| Salary | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | | |
| Location Code | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | | |
| Supervisor | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | | |
| Comments:  (list adjunct courses/credit hours) | Pay $ for completed SME development of | | | | | | | | | | | | | | | | | | | Next Review Date: | | | | | | |  | |
|
| SEPARATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VOLUNTARY RESIGNATION (mark all that apply) | | | | | | | | | | DISCHARGE (mark all that apply) | | | | | | | | | | | | | | | | | | |
| To Accept Other Work | | | | | |  | | | | Unsatisfactory Performance | | | | | | | | | |  | | | | | | | | |
| Dissatisfaction with Job | | | | | |  | | | | Attendance | | | | | | | | | |  | | | | | | | | |
| Illness | | | | | |  | | | | Misconduct | | | | | | | | | |  | | | | | | | | |
| Other (specify) | | | | | |  | | | | Other (specify) | | | | | | | | | |  | | | | | | | | |
| Date Resignation Received: | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | |
| Last Day Worked: | | | |  | | | | | | Last Day Worked: | | | | | | | | |  | | | | | | | | | |
| Vacation Balance to be Paid: | | | | | |  | | | | Vacation Balance to be Paid: | | | | | | | | |  | | | | | | | | | |
| Resignation Received or Confirmed in Writing? | | | | | | | | |  | Reviewed with HR? | | | | | | | | |  | | | | | | | | | |
| All SUS property returned by employee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Give complete details regarding resignation/termination: | | | | | | | | | | | Performance Rating **(Must be completed by supervisor for all terminations/resignations)** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | Excellent | | | | | Good | | Average | | | | | | Poor |
| Work Record | | | |  | | | | |  | |  | | | | | |  |
| Quantity | | | |  | | | | |  | |  | | | | | |  |
| Quality | | | |  | | | | |  | |  | | | | | |  |
| Reliability | | | |  | | | | |  | |  | | | | | |  |
| Attitude | | | |  | | | | |  | |  | | | | | |  |
| WOULD YOU RECOMMEND FOR REHIRE? | | | | | | | | | | | | | | | | | Choose an item. |
| APPROVALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dean/Department Director: |  | | | | | | Date: |  | | Senior Department Director | | | | | |  | | | | | | Date: | | | |  | | |
| SVP Admin./ Provost |  | | | | | | Date: |  | | SU President/CEO | | | | | |  | | | | | | Date: | | | |  | | |
| SUS Official |  | | | | | | Date: |  | |  | | | | | |  | | | | | |  | | | |  | | |