|  |
| --- |
| **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-Time30+ 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: |       |  |  |  |  |