

STUDENT CHANGE OF STATUS

Wichita State University

TO BE COMPLETED BY EMPLOYING DEPARTMENT: (Please Type or Print)

Request Date _____

Name _____ *myWSU ID #* _____
Last First Middle

Dept. Name _____ Ext. # _____ Box # _____

Banner Org. Number(s) _____
with corresponding
Position Number(s) _____

Acct. Code 1200 (RS)
 1210 (WS)

CHANGE OF STATUS:

Change Rate of Pay from \$ _____ per hour to \$ _____ per hour. Effective Date _____
 Change Scheduled Hours per Week from _____ to _____ Effective Date _____
 Change Organization Number(s) from _____ to _____ Effective Date _____
 Change Account Codes from _____ to _____ Effective Date _____

(Allowed to change from Regular 1200 account code to Work Study 1210 account code and vice versa.)

TERMINATION

Actual Last Day of Work (Termination Date) _____

CHANGE OF STATUS APPROVALS:

Budget Officer/Project Director _____	Dean of College (if Research) _____
Date _____	Date _____
Chairperson (if Research) _____	Research Administration (if Research) _____
Date _____	Date _____

TO BE COMPLETED BY THE OFFICES OF FINANCIAL OPERATIONS AND FINANCIAL AID:

Funding # _____
 Organization # _____
(Banner Placement)
 Account: RS (Acct 1200) WS (Acct 1210)
 Position # _____
 Funding Approved By _____
 Office of Financial Operations _____ Date _____

Work Study Allocation \$ _____
 Semester (Circle What Applies) **FL** **SP** **SU**
 FY _____
 Suffix # _____
 Office of Financial Aid _____ Date _____

Original and 1 copy must be presented to the Payroll Office, Box 38
 Payroll Office retains a copy and forwards original to OHR.