



**University Libraries
Status Form Initiation Request**

Employee Name _____

Social Security Number _____

Job Title _____

Start Date _____ End Date (if temporary position) _____

Level _____ Exempt _____ Non-Exempt _____

New Hire _____ Current ND Employee _____ Reclassification _____ Rehire _____

Part Time _____ Full Time _____ Hours per week _____ Months per year _____

Salary _____

Comments: _____

Person Requesting Status Form _____

Title/Department _____