

NOTICE OF STATUS CHANGE

McGILL UNIVERSITY

A. Last Day Charged to this Budget Account:

B. PERIOD OF LEAVE
From:
To:

- Unpaid Leave of Absence
- Short Term Disability
- Long Term Disability
- Temporary Lay-Off
- Transfer
- Retirement
- Sessional Leave
- Sabbatic Leave
- Parental Leave
 - 1) Maternity
 - 2) Adoption
 - 3) Paternity
- Extended Parental Leave

Name of Employee: _____ Payroll No.: _____

Title: _____ Budget Account: _____

Department: _____ Slot No.: _____

Home Address: _____ Annual Salary: _____

Vacation owed: For cases of Long Term Disability, Retirement, Extended Parental Leave or Sessional Leave ONLY. To be paid in cash to the staff member (See Vacation Policy and specify in weeks and portions thereof). Any vacation being taken prior to effective date of change of status to be excluded from vacation owed: _____

Benefit Plans: In the event of temporary lay-off, sessional leave or leave of absence without pay, the staff member may elect to continue benefits coverage during the lay-off or leave period. Unless other arrangements have been made with the Benefits Office, the total cost of any benefits that the staff member elects to continue (both employee and University shares) will be charged against the staff member's last paycheck. The Benefits Office will advise the staff member of all the options available as soon as this form is received. If you have any questions, please contact the Benefits Office.

Departments should ensure that all office or lab equipment, lab coats and other supplies issued to the staff member in trust are returned to the department. Keys to filing cabinets, desks, offices and buildings are to be returned to the staff member's supervisor. All outstanding financial matters (petty cash, travel advances, bonds, staff mortgages, parking permits, faculty club memberships, etc) should be reviewed and settled prior to leave, layoff or transfer.

If the staff member had any computer passwords (micro or mainframe) please ensure that the appropriate department has been notified to cancel them.

Signature of Department Head

Date

Faculty authorization (if required)

Date