THE UNIVERSITY OF MICHIGAN
APPOINTMENT CHANGE REQUEST

TITLE

DEPT. NAME & NUMBER

APPT. BEGIN_________ APPT. END_________ APPT. RATE_________ PRIMARY APPT. PERIOD_________ RATE EFFECTIVE_________

CHANGE_________

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<tr>
<th>account</th>
<th>effort %/H</th>
<th>effective date</th>
<th>end date</th>
<th>amount</th>
<th>salary period</th>
<th>funding dept. or special purpose funding</th>
<th>PCN</th>
<th>loc code</th>
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DEPT. NAME & NUMBER

APPT. BEGIN_________ APPT. END_________ APPT. RATE_________ PRIMARY APPT. PERIOD_________ RATE EFFECTIVE_________

CHANGE_________

| from    |          |               |          |        |              |                                          |     |         |
| to      |          |               |          |        |              |                                          |     |         |

REQUEST FOR OR RETURN FROM LEAVE OF ABSENCE FOR ALL REGULAR APPOINTMENTS

☐ Medical*
☐ Disability*
☐ Medical/Child Care*
☐ Phased Retirement

Provide Additional Details in Remarks, Official Letters, or Active Duty Orders.

☐ Educational
☐ Military
☐ Public Service
☐ Child Care
☐ Personal
☐ Outside Teaching Assignment
☐ Research
☐ Union Business
☐ Other

Position Being Held  ☐ Yes  ☐ No

Vacation to be paid where applicable, if Unit is Timekeeper ________ Hours ________ Days

Date Leave Should Begin __________________________

Ending Date or Extension Date of Leave __________________________

Date Returned from Leave __________________________

Recommended for Return  ☐ Same Position  ☐ Same Dept.  ☐ Different Dept.  ☐ Not Recommended for Return

Remarks

☐ Require Medical Information Release Form 36606
☐ Leave Request Form 36609 Attached
☐ Appt. Request Form 36400 Attached

Approved by
Department Head __________________________ Date __________________________

Approved by
Dean/Director __________________________ Date __________________________

Personnel __________________________ Date __________________________

LOA Reviewed with Supervisor: Date __________________________

☐ Approved  ☐ Disapproved

Form 36700  Rev. 5/82