

Employee Change of Status

Employee Name: _____ Phone: _____

Employee Address: _____

Social Security: _____ Date: _____

Instructions: Check the appropriate box and fill in the information below. Employee signs only if he or she initiates action voluntarily. Supervisor signs and Associate Director signs in all cases.

- Initial Hire Transfer Classification/Status Leave of Absence
- Review Adjustment Payroll Deduction Termination
- Promotion Other _____

EMPLOYMENT CHANGES

New Title: _____

New Classification: Full Time Part Time

Choose the reason for new classification. [Check that Applies]

Due to employee’s personal reason Due to Agency’s reason. Explain: _____

New Rate: _____ New Rate Effective Date: _____

New Status: Exempt Non-exempt

New Manager/Department: _____

Comments: _____

SIGN OFF

Agency Staff Name/Title: _____

Agency Staff Signature: _____

Employee Signature: _____

Office Use Only:

HR Department: Changes Completed _____	Date: _____
Payroll Department: Changes Completed _____	Date: _____