



# Employee Change of Status

## Employee Information (This section must be filled out completely for new employees.)

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Dept #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Choose an item. Race: Choose an item.

Job Title: \_\_\_\_\_ FT/PT/Relief: Choose an item. Hourly/Salary: Choose an item.

### Changes (check all that apply):

- New Employee
  - 90-day Probationary Period
  - Promotion
  - Salary Change
  - Change of Hours
  - Transfer/Add New Department
  - Leave of Absence
  - Address or Phone Number
  - Name Change (attach documentation)
  - Termination
  - Hire Permanently
  - Extend Probation
  - Terminate
- New Title: \_\_\_\_\_
- New Rate: \$ \_\_\_\_\_ (hourly)
- Increase  Decrease      New # of hours/week: \_\_\_\_\_
- Previous Dept: \_\_\_\_\_ New Dept: \_\_\_\_\_
- \*\*Verify Fingerprinting and MAP requirements when switching departments. \*\*
- Beginning Date: \_\_\_\_\_ Anticipated Return: \_\_\_\_\_
- Put new information in the section above.
- New Name: \_\_\_\_\_
- Eligible to rehire:     Yes     No

Effective Date of change(s): \_\_\_\_\_ Next Review Date (if applicable): \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorizations:

Manager: \_\_\_\_\_ Date: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_ Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Copies emailed to:     Human Resources (All changes)      Sent by: \_\_\_\_\_ Date: \_\_\_\_\_  
                                   Payroll Department (All Changes)      Sent by: \_\_\_\_\_ Date: \_\_\_\_\_  
                                   IT Department (Terminations Only)      Sent by: \_\_\_\_\_ Date: \_\_\_\_\_