

Employee Change of Status Form

EMPLOYEE INFORMATION

Employee Name

Employee ID

Current Job Title

Current Department

Current Supervisor

Effective Date of Change

TYPE OF CHANGE

- | | | |
|--|---|---|
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Transfer | <input type="checkbox"/> Title Change |
| <input type="checkbox"/> Department Change | <input type="checkbox"/> Supervisor Change | <input type="checkbox"/> Pay Change |
| <input type="checkbox"/> Schedule Change | <input type="checkbox"/> Employment Status Change | <input type="checkbox"/> Leave of Absence |
| <input type="checkbox"/> Return from Leave | <input type="checkbox"/> Termination | <input type="checkbox"/> Other |

NEW ASSIGNMENT / POSITION DETAILS

New Job Title

New Department

New Supervisor

New Work Location

Reason for Change

COMPENSATION / SCHEDULE DETAILS

Current Rate of Pay

New Rate of Pay

Pay Effective Date

Current Schedule / Hours

New Schedule / Hours

Additional Compensation / Schedule Notes

Employee Change of Status Form

EMPLOYMENT STATUS

- Full-time Part-time Temporary Seasonal
- Exempt Non-exempt Active Inactive

REASON / NOTES

Provide details for the requested change, including business reason, employee communication, and any follow-up needed.

REQUIRED UPDATES

- Payroll updated HRIS / employee record updated
- Benefits impact reviewed Manager notified
- Employee notified Filed in personnel record

APPROVALS

Employee Signature

Date

Approved

Manager Signature

Date

Not Approved

Pending

HR / Authorized Approval

Date