



EMPLOYEE STATUS CHANGE FORM

Employee Name:

Location:

Position:

Effective Date of change:

Employee Status Regular full time (30 hours or less) **Remarks:**
Type of Change Regular part time (30 hours or less)

Salary Establishment/Change

Type of Change:	Merit Increase	Promotion	Other	
Current Pay Rate	\$	Per Hour	Per Year	
New Pay Rate	\$	Per Hour	Per Year	Per Pay Period
Exempt	Non Exempt			

Status Change

Location Change From: To:
 Position Change To:

Remarks:

Termination of Employment

Last Working Day:

Eligible for Re-Hire? Yes No (if no, specify reason)

Voluntary:

Medical-self or family Relocating Family Issues School
 Better Job/Hours/Benefits Other (specify):

Involuntary:

Poor performance Gross misconduct Attendance/Tardiness Unqualified for job
 Violation of Policy/procedure No Call/No show Other (Specify):

Remarks:

HR Signature: