

# EMPLOYEE STATUS CHANGE FORM

EMPLOYEE NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

## PERSONAL

ADDRESS CHANGE \_\_\_\_\_

PHONE NUMBER CHANGE \_\_\_\_\_

EMERGENCY NOTIFICATION CHANGE \_\_\_\_\_

## EMPLOYMENT

RESIGNATION \_\_\_\_\_ RETIREMENT \_\_\_\_\_ TERMINATION \_\_\_\_\_ LAYOFF \_\_\_\_\_

VOLUNTARY \_\_\_\_\_ INVOLUNTARY \_\_\_\_\_

## SALARY/WAGE

INCREASE \_\_\_\_\_ DECREASE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

DISTRIBUTION CODE \_\_\_\_\_

## JOB CLASSIFICATION CHANGE

PROMOTION \_\_\_\_\_ DEMOTION \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

CHANGE TO EXEMPT \_\_\_\_\_ CHANGE TO NON EXEMPT \_\_\_\_\_

## LEAVE OF ABSENCE

FMLA \_\_\_\_\_ WORKERS COMP \_\_\_\_\_ OTHER \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ (date)

## APPROVAL

DEPARTMENT HEAD \_\_\_\_\_ DATE \_\_\_\_\_

*If you should have any questions, please contact the Human Resource Department at Ext 330 Please forward copy of this form to the Human Resource Department Room 116.*