



EMPLOYEE STATUS CHANGES

Employee Name: _____ Date Action Taken: _____
 Position: _____ Date Effective: _____
 Supervisor: _____ Hire Date: _____
 Department: _____

TYPE OF STATUS CHANGE

- | | | |
|--|--|---|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Promotion | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Rehire | <input type="checkbox"/> Demotion | <input type="checkbox"/> Leave of Absence |
| <input type="checkbox"/> Wage Change | <input type="checkbox"/> Transfer | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Department Transfer | <input type="checkbox"/> Schedule Change | <input type="checkbox"/> Goal Change |

DESCRIPTION OF STATUS CHANGE

<u>CURRENT STATUS</u>	<u>NEW STATUS</u>

By signing this I acknowledge that this employee form will subsidize any other wage forms currently in my Employee File as of today's date.

_____ EMPLOYEE SIGNATURE:	_____ DATE:
_____ SUPERVISOR:	_____ DATE:
_____ HUMAN RESOURCES:	_____ DATE:

(Employee must write in his/her own hand: "I have read and understand the above.")