

# EMPLOYEE STATUS CHANGE FORM



Effective Change Date		<input type="checkbox"/> New Hire	<input type="checkbox"/> Change	<input type="checkbox"/> Separation
Employee Name				
	(Last)	(First)	(Middle)	
Social Security #			Department	

## NEW HIRE INFORMATION

Address									
	(Street)	(City)	(State)	(Zip Code)					
Phone Number			Date of Birth			Hire Date			
Status	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Flex-Full Time		<input type="checkbox"/> Contract		
	<input type="checkbox"/> Probationary Employee				<input type="checkbox"/> Temporary				
Job Title			<input type="checkbox"/> Exempt	<input type="checkbox"/> Hourly	W-4 Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

## CHANGES FOR CURRENT EMPLOYEE

TYPE OF CHANGE	FROM	TO
<input type="checkbox"/> Name		
<input type="checkbox"/> Address		
<input type="checkbox"/> Telephone #		
<input type="checkbox"/> Job Title		
<input type="checkbox"/> Department		
<input type="checkbox"/> Wage		
<input type="checkbox"/> Pay Type (hourly/salary)		
<input type="checkbox"/> Status (full/part/temp/exempt/etc)		
Change Reason		

## LEAVE OF ABSENCE/VACATION

Begin Leave (date)			Return from Leave (date)		
<input type="checkbox"/> Personal	<input type="checkbox"/> Medical	<input type="checkbox"/> Vacation	<input type="checkbox"/> Other -		

## SEPERATION/TERMINATION

Separation Date			Last Day Worked		
<input type="checkbox"/> Quit with Notice	<input type="checkbox"/> Quit Without Notice	<input type="checkbox"/> Discharged	<input type="checkbox"/> Retired		
Reason for Leaving					
Rehire Eligibility	<input type="checkbox"/> Yes <input type="checkbox"/> No Eligible If no, what is the reason:				
Forwarding Address					

## ACKNOWLEDGEMENT

Employee Signature		Date	
Supervisor/Manager Signature		Date	
Executive Director Signature		Date	
HR Manager Signature		Date	
Payroll Signature		Date	