

## Employee Status Change Form

### Step 1: Employee Info

Employee Name _____	Branch/Office _____	Current Dept _____
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### Step 2a: If a Change in Pay Rate or Exemption Status

Current Pay Rate (\$) _____	New Pay Rate _____
Current Pay Basis (Hr or Sal) _____	New Pay Basis _____
Current Exempt Status (Y/N) _____	New Exempt Status _____
Effective Date for Change _____	

### Step 2b: If a Change in Title, Role, Dept, or Supervisor

Current Job Title _____		
New Job Title _____		
Current Job Role _____	New Job Role _____	
Current Department _____	New Department _____	
Current Supervisor _____	New Supervisor _____	
Effective Date for Change _____		
Credentials Required _____	Credential Status _____	Renewal Date _____

### Step 2c: If a Change in Payroll Deductions (other than for insurance benefits)

Change & Reason _____	Effective Date _____
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### Step 2d: If a Termination

Reason _____	Effective Date _____
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### Step 2e: If Other (e.g. Return from Leave, Probation Complete, Other, etc.)

Change & Reason _____
_____
Effective Date _____

### Step 3: Approval

Supervisor Name _____	Supervisor Title _____
Supervisor Signature _____	Date _____

### Step 4: Human Resources Use Only:

Received by (Name) _____	Date Entered _____
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