

Employee Status Change Form



Employee Name: _____ Employee ID: _____

Effective Date: _____

Change Type:

Upon selecting the appropriate change type, the required fields will open up below and become fillable. If you are unsure of the employee's past position details, please leave it blank. Employee signature is required on company, position and benefit changes.

Company Changes	Current Position	New Position
Company:		
Department:		
Position Changes	Current Position	New Position
Position Title:		
Employment Status:		
Job Code:		
Job Grade:		
Reports to:		
FLSA Status:		
Hours per week		
Benefit Changes	Current Position	New Position
Reason for change:		
Benefitted:		
Date communicated to benefits manager:		
EEO Job Classification:		

No salary adjustment at this time

Employee Signature: _____ Date: _____

Salary Changes	Current Position	New Position
Change reason		
Percentage Increase (if annual appraisal increase):		
Hourly Rate (Non-Exempt):		
Annual Salary (Exempt):		
90 day evaluation required?		
New Evaluation Date (if applicable):		
Bonus:		

Manager Signature: _____ Date Submitted: _____

HR Signature: _____ Date: _____

VP Signature (if required): _____ Date: _____

Notes: _____