Employee Status Change Form



Employee Name: _____

Effective Date: _____/_____/_____ **Change:** (check appropriate reasons)

Job Information: ☐ Title ☐ Supervisor ☐ Work Schedule

Wages*: ☐ Merit ☐ Promotion ☐ Adjustment

* Please attach appropriate paperwork form for wage increase.

Description of change:

_____

_____

_____

Separation of Employment: ☐ Resignation ☐ Involuntary Termination

Reason:_____

_____

_____

Eligible for rehire? ☐ Yes ☐ No

Employee Signature _____ Date: _____/_____/_____

Manager Signature: _____ Date: _____/_____/_____