

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_