Employee Status Change

Employee Name Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Current Position

|  |
| --- |
|  |

 [ ]  Full Time [ ]  Part Time

**Classification Changes**

[ ]  Transfer [ ]  Promotion [ ]  Demotion [ ]  Title Change [ ]  Other

Current Title/Department New Title/Department

|  |  |  |
| --- | --- | --- |
|  |  |  |

Current Shift New Shift

|  |  |  |
| --- | --- | --- |
|  |  |  |

Current Location New Location

|  |  |  |
| --- | --- | --- |
|  |  |  |

Current Wage New Wage

|  |  |  |
| --- | --- | --- |
|  |  |  |

Bonus

|  |
| --- |
|  |

**Other Status Changes**

[ ]  FMLA [ ]  PDL [ ]  Worker’s Comp Claim

Length out of work

|  |
| --- |
|  |

Reason for compensation and benefits changes

|  |
| --- |
|  |

Any additional changes not listed above

|  |
| --- |
|  |

**Change Verification**

Approved by

|  |
| --- |
|  |

Office Manager Signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Owner Signature *(If needed)* Date

|  |  |  |
| --- | --- | --- |
|  |  |  |