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

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|  |

Any additional changes not listed above

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| --- |
|  |

**Change Verification**

Approved by

|  |
| --- |
|  |

Office Manager Signature Date

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

Owner Signature *(If needed)* Date

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