



CHANGE OF STATUS FORM

City of Stephenville

Name (Last, First, Middle Initial)	Employee #	Date Submitted	

Effective Date	Employee Status (check one)	Dept #	Dept Name
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		

Personnel Action

- New Hire
 Re-Hire
 Step Increase
 Merit Increase
 Employee Info Change
 Leave
 Remove from Payroll
 Other (specify) _____

Current Title	New Title (if changed)

Current Wage	Certification/Education Pay	Total Current Wage

New Wage (if changed)	New Cert/Education Pay	Total New Wage

Employee Separation

Voluntary Resignation

Termination

2 Week Notice Given?	Worked Last 2 Weeks?	Last Day of Work	Eligible for Rehire? If no, explain in comments.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Leave
 FMLA
 LTD
 STD
 Suspension w/pay
 w/o pay
 Other -see comments

Leave Status	Date Beginning	Estimated Return Date	Actual Return Date
<input type="checkbox"/> Begin <input type="checkbox"/> Return			

Comments

Department Supervisor

Human Resource Manager

City Manager

Finance Director

Department Director

Assistant City Manager

Payroll Department