



## CHANGE OF STATUS FORM

Name (Last, First, Middle Initial)	Employee #	Date Submitted
Department Name	Dept. #	Effective Date
Employee Status (check one)		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		

Personnel Action		
<input type="checkbox"/> New Hire	<input type="checkbox"/> Re-Hire	<input type="checkbox"/> Step Increase
<input type="checkbox"/> Merit Increase	<input type="checkbox"/> Employee Info Change	<input type="checkbox"/> Leave
<input type="checkbox"/> Remove from Payroll	<input type="checkbox"/> 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	2 Week Notice Given?	Worked Last 2 Weeks?
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Termination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Day of Work	Eligible for Rehire? If no, explain in comments.	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for Leave			
<input type="checkbox"/> FMLA <input type="checkbox"/> LTD <input type="checkbox"/> STD <input type="checkbox"/> Suspension w/pay <input type="checkbox"/> w/o pay <input type="checkbox"/> Other - see comments			
Leave Status	Date Beginning	Estimated Return Date	Actual Return Date
<input type="checkbox"/> Begin <input type="checkbox"/> Return			
Comments			

\_\_\_\_\_  
Department Supervisor

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
Human Resource Manager

\_\_\_\_\_  
Assistant City Manager

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Payroll Department

\_\_\_\_\_  
Finance Director