



## EMPLOYEE STATUS CHANGE FORM

Employee Name: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of Change(s):** (check all that apply)

**Position** \_\_\_\_\_ **Personal Information** \_\_\_\_\_ **Job Classification** \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Job Class: Exempt \_\_\_\_\_ Non-Exempt \_\_\_\_\_ Full Time \_\_\_\_\_

Part Time w/Insurance \_\_\_\_\_ Part Time \_\_\_\_\_ On Call \_\_\_\_\_

New Position: \_\_\_\_\_

New Pay: Salary \$ \_\_\_\_\_ or Hourly Rate \$ \_\_\_\_\_

New Job Class: Exempt \_\_\_\_\_ Non-Exempt \_\_\_\_\_ Full Time \_\_\_\_\_

Part Time w/Insurance \_\_\_\_\_ Part Time \_\_\_\_\_ On Call \_\_\_\_\_

**\*\*Unused PTO must be paid out for employee status change to **On Call** when employed for 1 year or more. PTO will be forfeited for those employed for less than 1 year. **No** unused Short Term Disability time is to be paid out.**

### Personal Information Changes:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ -- \_\_\_\_\_

Marital Status:(change to) Married \_\_\_\_\_ Single \_\_\_\_\_

\_\_\_\_\_  
Employee Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date