



# EMPLOYEE STATUS CHANGE FORM

Location: \_\_\_\_\_ Department: \_\_\_\_\_

## EMPLOYEE PROFILE

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date Effective: \_\_\_\_\_

## EMPLOYMENT CHANGES

New Hire: Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
 Rehire: Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
 Temporary: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Department: \_\_\_\_\_

## CLASSIFICATION CHANGES

Change (Circle One)	Old Information	New Information
Transfer:	Title/Dept: _____	Title/Dept: _____
Promotion:	Title/Dept: _____	Title/Dept: _____
Demotion:	Title/Dept: _____	Title/Dept: _____
Title:	Title/Dept: _____	Title/Dept: _____
Shift:	Shift: _____	Shift: _____
Location/Dept:	Location: _____	Location: _____
Salary:	Salary: _____	Salary: _____
Status:	Status: _____	Status: _____
Allocations:	Status: _____	Status: _____
Commission/Bonus:	Status: _____	Status: _____
Draw/Guarantee:	Status: _____	Status: _____

Other changes: \_\_\_\_\_

## ADDITIONAL COMPENSATION/BENEFITS INFORMATION Please List Any Additional Changes in Compensation or Benefits:

## VERIFICATION OF CHANGES

*All raises and allocation changes require signatures from all departments affected by this change. Please use the 2nd signature section to obtain this approval. All changes that affect other department/companies that are not properly approved will not be processed.*

**Approved By:**  
**Manager Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Printed Name \_\_\_\_\_

**2nd Mgr Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Printed Name \_\_\_\_\_

**Employee Acknowledgement:**  
 Signature \_\_\_\_\_ **Date** \_\_\_\_\_

**President's Approval**  
 Signature \_\_\_\_\_ **Date** \_\_\_\_\_  
*Any raise in excess of 5% require a president's signature.*

**HR Approval:**  
 Signature \_\_\_\_\_ **Date** \_\_\_\_\_

**Accounting Approval (Only for Comm./Draw/Guar.):**  
 Signature \_\_\_\_\_ **Date** \_\_\_\_\_