## EMPLOYEE STATUS CHANGE FORM

EMPLOYEE NAME_			
SOCIAL SECURITY	NUMBER		EFFECTIVE DATE
PERSONAL			
ADDRESS CHANG	E		
PHONE NUMBER	CHANGE		
EMERGENCY NO	TIFICATION CHAI	NGE	
EMPLOYMEN	Т		
RESIGNATION	RETIREMENT	TERMINATION_	LAYOFF
VOLUNTARY	INVOLUNTARY		
SALARY/WAC	SE .		
INCREASE	DECREASE		
FROM	ТО		
DISTRIBUTION CODE _			
JOB CLASSIFI	CATION CHA	NGE	
PROMOTION	DEMOTION		
FROM	ТО		
CHANGE TO EXEMPT_	CHANGE TO	NON EXEMPT	
LEAVE OF AB	SENCE		
FMLA WORK	ERS COMP	OTHER	
FROM	ТО		(date)
APPROVAL			
DEDARTMENT HEAD			DATE

If you should have any questions, please contact the Human Resource Department at Ext 330 Please forward copy of this form to the Human Resource Department Room 116.