



EMPLOYMENT STATUS CHANGE FORM

(New Hire/Rehire/Status Change)

Employee Name: _____ SS #: _____

Department: _____ Position: _____ Effective Date: _____

REASON FOR CHANGE (Check all that apply):

- ☐ New Position/Appt ☐ Replacement _____ ☐ Reappointment
(previous employee)
☐ Employee Status Change ☐ Separation/Termination ☐ Additional Compensation (explain in salary information)

CHANGE IN POSITION STATUS (Please complete all pertinent fields):

Title Change from: _____ to: _____

Department Change from: _____ to: _____

Budget Account number from: _____ to: _____

Supervisor Change from: _____ to: _____

- ☐ Non-Exempt to Exempt ☐ Exempt to Non-Exempt ☐ Full Time to Part Time ☐ Part Time to Full Time
☐ Leave without pay, with benefits

SALARY INFORMATION (Please complete all pertinent fields):

COMPENSATION:

Amount \$ _____ ☐ Hourly ☐ Annual salary Change from _____

ADDITIONAL PAY/STIPEND:

One time stipend: \$ _____ Monthly stipend: \$ _____ Start Date: _____ End Date: _____

REASON FOR ADDITIONAL PAY/STIPEND: _____

BUDGET ACCOUNT NUMBER _____

OTHER/COMMENTS/JUSTIFICATIONS (attach additional sheets/documentation if necessary):

APPROVAL:

Department Head _____ Date _____ Cabinet Member _____ Date _____

Director of Human Resources _____ Date _____ Controller _____ Date _____

CFO _____ Date _____ President _____ Date _____

For internal use only

Employee # _____ Payroll/Budget Copied _____ Date: _____

HRIS Entry by: _____ Date: _____

Leave Approved _____ Leave Not Approved _____

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