SERVANTHR
Creating Freedom to Focus!

CHANGE OF STATUS FORM

Employee Name | Worksite/Client Location | Date

Social Security Number | Effective Date of Change | Department

ACTION ITEM(S):

☐ **New Hire** → Rate of Pay – $_____ *Check One*: ☐ FT ☐ PT ☐ TEMP.
Check One: ☐ HOURLY ☐ SALARY

☐ **Rehire** → Rate of Pay – $_____ *Check One*: ☐ FT ☐ PT ☐ TEMP.
Check One: ☐ HOURLY ☐ SALARY

☐ **Pay Rate Change** → New Rate of Pay – $

☐ **Position Change** → New Job Title _____ Department _____

☐ **Termination*** → Last Day Worked _____ Eligible for Rehire → *Check One*: ☐ Yes ☐ No
Reason → *Check One*: ☐ Job Performance ☐ Quality of Work ☐ Attendance
☐ Conduct Issues ☐ Drug Test Results
☐ Gross Misconduct ☐ Other _____
*Attach completed ***Employee Notice of Termination***

☐ **Resignation*** → Eligible for Rehire → *Check One*: ☐ Yes ☐ No
*Attach completed ***Employee Voluntary Resignation***

☐ **Lay-Off** → Anticipated Reinstatement Date:_____

☐ **Status Change** → *Check One:* ☐ Full-time to Part-time ☐ Part-time to Full-time
☐ Temporary to Full-time ☐ Full-time to Temporary
☐ Temporary to Part-time ☐ Part-time to Temporary

☐ **Leave of Absence** → *Check One:* ☐ Personal ☐ Medical ☐ Family
☐ Other: _____

☐ **Name Change** → New / Corrected Name _____

☐ **Address Change** → New Address _____
New Phone # and/or Email _____

Notes: _____

_____

_____

_____ _____
Authorized Signature Date