



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 [] HOURLY [] SALARY

Rehire -> Rate of Pay - \$... Check One: [] FT [] PT [] TEMP [] 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