



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