



CHANGE OF STATUS FORM

Employee Name _____

Company Name _____ Effective Date _____

New Hire Rehire

Email Address _____ Phone # _____

Social Security # _____ Department _____

Position _____ Start Date _____

Rate of Pay _____ Supervisor _____

Hourly Salary Full-Time Part-Time Temporary/Seasonal

Anticipated Hours/Week _____

Employee Updates

Pay Change _____

Position Change _____ Department _____

Status Change _____ (if applicable)

Change to Part-Time Change to Full-Time

Change to Seasonal/Temporary/PRN

Anticipated Hours/Week _____

Termination Resignation

Last Day Worked _____ Eligible for Rehire? Yes No

Reason:

- Job Performance Quality of Work No Call, No Show
Attendance Drug Test Results
Conduct Issues Gross Misconduct
Lay-Off Other _____

Anticipated Return Date _____

Attach completed Employee Notice of Termination/Voluntary Resignation (if available)

Notes

All updates to address, email, phone number, direct deposit, and tax withholding can be made by employees on the employee portal.

servanthr.com > Prism Log-In > Employee Log-In

Authorized Signature _____

Date _____