

Employee Status Form-New/Transfer/Change/Terminate/Address/Name

Employee Name: _____ Employee #: _____

Job Position: _____

Date of Promotion: _____

Start Date: _____

Department (circle one): Admin/Res/Hab/Activities

Current Work Status (circle one): New Employee / Full-Time/ Part-Time/ Temporary/ Independent Contractor

	<u>CURRENT</u>	<u>NEW</u>	<u>EFFECTIVE DATE</u>
Pay Rate			_____
Department			_____
Position/Title			_____
*Work Status			_____
*Work Relationship Employee		_____	_____
*Address	_____	_____	_____
*Name	_____	_____	_____

*Work status ex = Full-time, Part-Time, Temporary *Work Relationship ex = Employee or Independent Contractor

Leave of Absence: _____ Effective Date: _____ Return to Work Date: _____

Reason: 4% promotional increase effective

Circle one: Resignation/Retirement/Involuntary Termination Effective Date: _____

Comments: _____

Manager/Supervisor Name

Manager/Supervisor Signature

Date

Office Manager/HR Rep

Office Manager/HR Rep Signature

Date

Employee Name

Employee Signature

Date

Human Resource Use Only

Date received _____ ADP _____ Date updated _____
 Copy filed in employee personnel file _____
 Change by _____ (initials only) Other Systems _____