

Employee Status Change Report

Employee Name

Date Effective

Clock Number

Department

Reason for Change:

- | | |
|--|--|
| <input type="checkbox"/> Hired | <input type="checkbox"/> Rate Change |
| <input type="checkbox"/> Re-Hired | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Resigned | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Seniority Increase |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Merit Increase |
| <input type="checkbox"/> Authorized Leave of Absence | <input type="checkbox"/> Other (explain below) |
- From _____ To _____

Old Rate

New Rate

Previous Classification

New Classification

Approval

Department Head

Date