# **Employee Change of Status Form [Template]**

| **Employee Information** |
| --- |
| Employee name: |  |
| Department: |  |
| Job title: |  |
| Supervisor/Manager name: |  |
| Effective date of change: |  |

## **Reason for Change**

| **Select the reason and complete the corresponding section below.** |
| --- |
| **␧** Position change**␧** Pay rate/salary change**␧** Employment status change**␧** Department/location transfer**␧** Leave of absence**␧** Termination**␧** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

##

## **Position Change**

| **Current Position** | **New Position** |
| --- | --- |
|  |  |
| Reason for change |
| Additional details |

##

## **Pay Rate/Salary Change**

| **Current Pay Rate** | **New Pay Rate** | **Percentage Change** |
| --- | --- | --- |
|  |  |  |
| Frequency |
| **␧** Hourly | **␧** Weekly | **␧** Monthly | **␧** Annually  |
| Reason for change  |

##

## **Employment Status Change**

| **Current Status** | **New Status** |
| --- | --- |
|  **␧** Full-time **␧** Part-time **␧** Temporary |  **␧** Full-time **␧** Part-time **␧** Temporary |
| Reason for change  |

##

## **Department/Location Transfer**

| **Current Department/Location** | **New Department/Location** |
| --- | --- |
|  |  |
| Reason for change |
| Additional details |

##

## **Leave of Absence**

| **Type of leave** |
| --- |
| **␧** Medical | **␧** Personal | **␧** Family |
| Start Date | Expected Return Date |
| Reason for leave |

##

## **Termination**

| **Termination type** |
| --- |
|  **␧** Voluntary  |  **␧** Involuntary |
| Last Working Day |
| Reason for termination |
| Exit Interview completed?  |
|  **␧** Yes  |  **␧** No |

##

## **Approvals**

| **Supervisor/Manager Name:**  |
| --- |
| Signature: | Date: |
| **HR Representative Name:** |
| Signature:: | Date: |
| **Other (if needed):** |
| Signature:: | Date: |

##

## **For HR/Payroll use only**

| **Processed by:** | **Date processed:**  |
| --- | --- |
|  |  |
| System updated?  |  **␧** Yes  **␧** No |
| Comments/Notes: |

##