# **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: | |

## 