



## Employment Status/Change Form

Check the appropriate box:            Change of Status            Salary Update

Employee Name:

Address:

Home Telephone:

Cell Phone:

Birthdate:

Marital Status:

Social Security #:

Emergency Contact Name:

Phone:

## Status (check all that apply)

Initial Employment Period:

to:

On Call

Exempt

Non- Exempt

Other

Salary Increase

New Job Title

Leave of Absence

Regular FT 37-40 hours

Regular PT 30-36 hours

Part Time 20-29 hours

Casual >20 hours

Temporary

Change of hours

## Salary Update

Date of Hire:

Job Title:

Previous Salary:

New Salary:



Program Director:

Department:

Effective Date of Change:

Covering Period:

The above information was discussed with me, and I have received a copy of my status/change form.

Employee Initial:

Date:

Program Director Initial:

Date:

CEO Initial:

Date:

HR Initial:

Date received by Payroll:

Date received by HR:

Date received by Payroll: