



EMPLOYEE STATUS CHANGE FORM

Location: _____ Department: _____

EMPLOYEE PROFILE

Employee Name: _____ Employee #: _____
 Date: _____ Date Effective: _____

EMPLOYMENT CHANGES

New Hire: Job Title: _____ Department: _____
 Rehire: Job Title: _____ Department: _____
 Temporary: Start Date: _____ End Date: _____ Department: _____

CLASSIFICATION CHANGES

Change (Circle One)	Old Information	New Information
Transfer:	Title/Dept: _____	Title/Dept: _____
Promotion:	Title/Dept: _____	Title/Dept: _____
Demotion:	Title/Dept: _____	Title/Dept: _____
Title:	Title/Dept: _____	Title/Dept: _____
Shift:	Shift: _____	Shift: _____
Location/Dept:	Location: _____	Location: _____
Salary:	Salary: _____	Salary: _____
Status:	Status: _____	Status: _____
Allocations:	Status: _____	Status: _____
Commission/Bonus:	Status: _____	Status: _____
Draw/Guarantee:	Status: _____	Status: _____

Other changes: _____

ADDITIONAL COMPENSATION/BENEFITS INFORMATION Please List Any Additional Changes in Compensation or Benefits:

VERIFICATION OF CHANGES

All raises and allocation changes require signatures from all departments affected by this change. Please use the 2nd signature section to obtain this approval. All changes that affect other department/companies that are not properly approved will not be processed.

Approved By:
 Manager Signature _____ Date _____
 Printed Name _____
 2nd Mgr Signature _____ Date _____
 Printed Name _____

President's Approval
 Signature _____ Date _____
Any raise in excess of 5% require a president's signature.

HR Approval:
 Signature _____ Date _____

Employee Acknowledgement:
 Signature _____ Date _____

Accounting Approval (Only for Comm./Draw/Guar.):
 Signature _____ Date _____