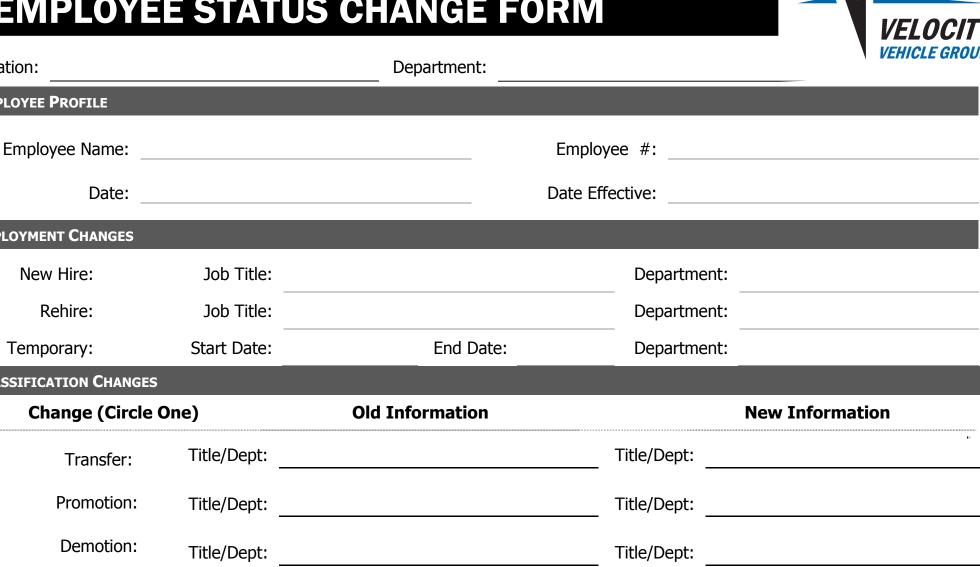
## **EMPLOYEE STATUS CHANGE FORM**



<b>CLASSIFICATION CHANGES</b>	3			
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:			
Location/Dept:	Location:		Location:	
Salary:	Salary:		Salary:	
Status:	Status:		Status:	
Allocations:	Status:		Status:	
Commission/Bonus:	Status:		Status:	
Draw/Guarantee:	Status:		Status:	

## Other changes: \_\_\_\_

Location:

**EMPLOYEE PROFILE** 

**EMPLOYMENT CHANGES** 

New Hire:

Temporary:

Rehire:

**ADDITIONAL COMPENSATION / BENEFITS INFORMATION** 

## 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.

**President's Approval** 

Approved By:

Manager Signature	Date	Signature Any raise in excess of 5% require a president's signature.	Date
Printed Name			
2nd Mgr Signature	Date	HR Approval:	
Printed Name		Signature	Date
Employee Acknowledgement:		Accounting Approval (Only for Comm./Di	raw/Guar.):
Signature	Date	Signature	Date

Please return this form to Human Resources