EMPLOYEE STATUS CHANGE FORM

Employee Name: _____ **Effective Date:** ___
Supervisor: _____ **Hire Date:** _____

◆◆

Compensation Information

☐ Promotion	☐ Reclassification	☐ Transfer	☐ Merit Increase
☐ Review	☐ Adjustment	☐ Bonus	☐ Termination
☐ New Hire			

FROM

Job Title	FLSA*		Bonus	Annual Salary
			$	$

TO

Job Title	FLSA*		Bonus	Annual Salary
			$	$

*FLSA: Full-time, Part-time, Temporary, Exempt, Non-Exempt

Comments:

◆◆

Termination Information

☐ Resignation	☐ Layoff	☐ Discharge*
Eligible for Rehire ☐ Yes ☐ No	Final Paycheck Date: _____	*Supporting documentation for discharged employee should be attached.

Leave of Absence

Illness/Disability: ☐ Short Term ☐ Long Term	☐ Military
☐ Other	Dates of Leave:

_____ _____
Managing Member Date Office Manager Date