



Employment Status Change Request

PLEASE ONLY COMPLETE APPLICABLE SECTION

Date: _____

Reference No.: _____

Employee Name: _____ Effective Date: _____

Department: _____

Information Change	Current	Change
<input type="checkbox"/> Title		
<input type="checkbox"/> Department		
<input type="checkbox"/> Company		
<input type="checkbox"/> Pay Type*	<input type="checkbox"/> Salary	<input type="checkbox"/> Hourly
<input type="checkbox"/> Rate / Salary		
<input type="checkbox"/> FLSA Status*	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt
<input type="checkbox"/> Classification Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Per Diem	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> With Benefits <input type="checkbox"/> Regular <input type="checkbox"/> Per Diem
<input type="checkbox"/> New Job Duties	(Attach old job description)	(Attach new job description)

Manager Signature: _____

Budgetary Approval: YES NO

CEO Signature: _____ Date: _____