



## Employment Status Change Request

PLEASE ONLY COMPLETE APPLICABLE SECTION

Date: \_\_\_\_\_

Reference No.: \_\_\_\_\_

Employee Name: _____		
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"/> Regular <input type="checkbox"/> Per Diem
<input type="checkbox"/> New Job Duties	(Attach old job description)	(Attach new job description)
<b>Manager Signature:</b> _____		

<p><b>Budgetary Approval:</b>   <input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p><b>CEO Signature:</b> _____                      <b>Date:</b> _____</p>
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