



This form is to be used to report change in an employee's status. The form is to be signed and dated by both the employee and an administrator.

Employee's Name: _____ Date: _____

Job Classification Change

Promoted ___ Demoted ___ From _____ to _____
title title

Effective Date: _____

Moved from _____ Department to _____ Department

Full Time to Part Time _____ Effective Date: _____

Part Time to Full Time _____ Effective Date: _____

Moved from Probation Status to Permanent Regular Status _____ Effective Date: _____

Inactive Status (Permanently Removed from System) _____ Effective Date: _____

Active Status (Currently Working) _____ Effective Date: _____

Leave Status (On Leave in the System, Possibly Returning) _____ Effective Date: _____

Reason for Status Change _____ Last Day Worked: _____

Salary Change

Change from _____ per hour/annually to _____ per hour/annually

☐ In addition to salary/affiliate agreement:

please add _____ hourly clinical rate or _____ hourly didactic rate

Effective Date: _____

Personal Records

Name Change From: _____ to _____

Address

Change: _____

Street

Apt. #

City

State

Zip Code

Phone Number: _____

Email Change: _____

Comments:

Employee's Signature: _____

Date: _____

Administrator's Signature: _____

Date: _____