



Employee Status Change Form

Name of Employer: _____

EMPLOYEE PROFILE

Employee Name: _____ Social Security #: _____
 Date: _____ Date Effective: _____

EMPLOYMENT CHANGES

New Hire: Job Title: _____ Department: _____
 Rehire: Job Title: _____ Department: _____
 Temporary: Start Date: _____ End Date: _____ Department: _____
 Replacement: Start Date: _____ End Date: _____ Department: _____

CLASSIFICATION CHANGES

Change	Old Information	New Information
Transfer: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Promotion: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Demotion: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Title: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Shift: <input type="checkbox"/>	Shift: _____	Shift: _____
Location: <input type="checkbox"/>	Location: _____	Location: _____
Salary: <input type="checkbox"/>	Salary: _____	Salary: _____
Status: <input type="checkbox"/>	Status: _____	Status: _____

Other changes:

Notice Of COBRA Rights? _____ Date Provided: _____

Election Of COBRA? _____ Date Started: _____

ADDITIONAL COMPENSATION/BENEFITS INFORMATION

Please List Any Additional Changes in Compensation or Benefits:

Please List Any Other Changes Not Listed Above:

VERIFICATION OF CHANGES

Approved By:

Signature _____

Date _____