

# Change in Status

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_ Dept.: \_\_\_\_\_

**Area of Change:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> New Hire                      | <input type="checkbox"/> Rehire             | <input type="checkbox"/> Benefits Change | <input type="checkbox"/> Wage Rate Change |
| <input type="checkbox"/> FLSA Status Exempt/Non-Exempt | <input type="checkbox"/> Change of Position | <input type="checkbox"/> Termination     |   |
| <input type="checkbox"/> Employment Classification     | <input type="checkbox"/> Inactive           | <input type="checkbox"/> Other           |   |

Date of Hire: \_\_\_\_\_

Benefits Change: \_\_\_\_\_

Classification Change: \_\_\_\_\_

Wage Rate Change: \_\_\_\_\_

FLSA Status  Exempt  Non Exempt

New Job Title: \_\_\_\_\_

New Supervisor: \_\_\_\_\_

New Department: \_\_\_\_\_

**Notes:**

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**Office Use Only:**

Authorizing Person Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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