

Status Change Request Form

Employee Name: _____

Last 4 Digits of SSN: _____

Today's Date: _____

Requested Effective Date: _____

CHANGE IN JOB TITLE

From: _____

To: _____

Reason for Change: _____

CHANGE IN WORK STATUS

From:

_____ Full-Time _____ Full-Time _____

_____ Part Time _____ Part Time _____

_____ Per Diem _____ Per Diem _____

_____ Terminated _____

DIVISION/DEPARTMENT TRANSFER:

From _____ To: _____

Reason for Change _____

DIVISION/DEPARTMENT TRANSFER:

From _____ To: _____

Reason for Change _____

Employee Signature: _____

Date: _____

Manager Signature _____

Date: _____

Human Resrouces: _____

Date: _____

Approved/Denied: _____

Date: _____

Placed in Employee File By: _____