

**Employee Status Change Authorization**

ROUTING		
Name	Initial	Date
1		
2		
3		

Name: \_\_\_\_\_ Clock No.: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Department: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

**PERSONAL INFORMATION/CHANGE:**

- Change in Address (Street, City, State, Zip): \_\_\_\_\_
- Change in Phone Number: \_\_\_\_\_
- In Case of Emergency Contact (Name and Phone Number): \_\_\_\_\_
- Change in Marital Status (Explain): \_\_\_\_\_
- Other: \_\_\_\_\_

**Employee's Signature:**

New Employee: Job Number: \_\_\_\_\_ Job Title/Classification: \_\_\_\_\_  
 Rate of Pay: \_\_\_\_\_ Grade: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Change in Pay and/or Grade: From: \_\_\_\_\_ Grade: \_\_\_\_\_  
 To: \_\_\_\_\_ Grade: \_\_\_\_\_

Change in Job Title/Classification From: \_\_\_\_\_ To: \_\_\_\_\_

Change in Job Number: From: \_\_\_\_\_ To: \_\_\_\_\_

Change in Shift From:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup> To:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

Change in Dept./Cost Center: From: \_\_\_\_\_ To: \_\_\_\_\_

Change in Supervisor From: \_\_\_\_\_ To: \_\_\_\_\_

Leave of Absence: Last Day Worked: \_\_\_\_\_

Temporary Layoff: Last Day Worked: \_\_\_\_\_

Disability: Last Day Worked: \_\_\_\_\_

Return to Work: Rate of Pay: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Recall to Work: Rate of Pay: \_\_\_\_\_ Job Classification: \_\_\_\_\_

**HUMAN RESOURCE USE ONLY:**Preferred Name: \_\_\_\_\_ Employee D.O.B.: \_\_\_\_\_  Birthday Flag

Next Increase Date: \_\_\_\_\_ Seniority Date Change: \_\_\_\_\_

**Insurance:**  Self  Self & Spouse  Self & Children  Family  None

Job Code: \_\_\_\_\_

Remarks/Other: \_\_\_\_\_

Originated By: \_\_\_\_\_ Approved By: \_\_\_\_\_

Supervisor Notified By: \_\_\_\_\_ Date Notified: \_\_\_\_\_