



## Employment Status Change

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### Check & Complete all Items that Apply:

Pay Increase: Reason \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Pay Decrease: Reason \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employee Status: \_\_\_\_\_

FLSA Status: Exempt/Salary      Non-Exempt/Hourly

Job Title: From \_\_\_\_\_ To \_\_\_\_\_

Department: From \_\_\_\_\_ To \_\_\_\_\_

Grade: From \_\_\_\_\_ To \_\_\_\_\_

Step: From \_\_\_\_\_ To \_\_\_\_\_

Position #: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor: From \_\_\_\_\_ To \_\_\_\_\_

Union: Non-Union      Union, specify: \_\_\_\_\_

ADP Pay Group: \_\_\_\_\_

Other: specify: \_\_\_\_\_

Distribution Code (s)	%

Comments:

\_\_\_\_\_  
Authorized Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director/Representative

\_\_\_\_\_  
Date