



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