**Employee Change Status Form**

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| **Personal Information** |
| Name: | Date of Birth: |
| Address: |
| Phone #: | Email: |
| Employee ID #: | Social Security #: |
| **Employee Current Status** |
| Status: ☐ Full Time ☐ Part Time ☐ Seasonal/Temp ☐ Other: |
| Job Title: | Department: |
| **Status Change Details** |
| **Type of Change** | **Current** | **New** |
| ☐ Schedule/Shift Change |  |  |
| ☐ Employment Type |  |  |
| ☐ Location Transfer |  |  |
| ☐ Department Transfer |  |  |
| ☐ Promotion |  |  |
| ☐ Demotion |  |  |
| ☐ Salary Change |  |  |
| ☐ Change of Address |  |  |
| ☐ Insurance Eligibility |  |  |
| ☐ Insurance Change |  |  |
| ☐ Title Change |  |  |
| ☐ Position Change |  |  |
| Effective Date: |
| Completed By: | Date: |