**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: | |