

CHANGE OF STATUS FORM (EMPLOYEE)

EMPLOYEE INFORMATION

DATE REVISED: _____

PROGRAM OR CONTRACT

Name: _____ Employee ID #: (Payroll Use Only) _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

County (IN only): _____ Phone: _____ Email: _____

ADDRESS CHANGE

NAME CHANGE (ss card required) New Name: _____

Other (explain): _____

NEW HIRE REHIRE NEW POSITION LOA RETURN FROM LOA OPEN REQ #: _____

Title: _____ Reports to: _____ Start date: _____

Rate of Compensation: _____ 2nd shift rate: _____ 3rd shift rate: _____

On-Call Rate: _____ Call Back Hourly Rate: _____

FT PT PRN TEMP Exempt Nonexempt #Hrs/day: _____ #Hrs/wk: _____

PTO (hrs): _____ Annual CME: _____ Terms: _____

Add to Concur Expense: Liberty Email Address Laptop Cell Phone Other _____

Signing Bonus: _____ Retention Bonus: _____ Date(s) Payable: _____

Initial Contract Term (yrs): 1 2 3 Notice Period (days): 30 60 90 Other _____

Comments/Other: _____

CHANGE OF COMPENSATION

Permanent Temporary Effective date: _____

Current Rate: _____ New Rate: _____ 2nd Shift Rate: _____ 3rd Shift Rate: _____

Comments: _____

TERMINATION

Voluntary: _____ Involuntary Layoff Remove from Concur Expense

Last date of employment: _____ Last date worked: _____ Eligible for rehire: Yes No

Resignation letter rec'd: Yes (attach copy) No Severance Pay: Yes (Amount): _____

Proper Notice Given Per Agreement: Yes No Repay Bonus Per Agreement: Yes No Pay PTO: Yes No

Comments: _____

APPROVAL

Prepared by: _____

Date: _____

By signing this form, I am verifying that Credentialing has been completed or a waiver has been issued (if necessary)

Approved by: _____

Date: _____