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**Personnel Status Change**

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| **BASIC INFORMATION** – r*equired for all actions* |
| **Action** *(check box)*: □ New Hire □ Rehire □ Personal Information □ Pay Rate□ Job Change □ Separation  | Action Effective Date: |
| Employee Name: Dept/Location: \_\_Current Position: Current Supervisor: \_\_ |
| **Rationale for pay change – please attach all applicable documentation (e.g. copy of new certification/licensure)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PAY RATE** |
| **Pay Type** *(check box)*: □ Hourly □ Salary □ Per Diem **FLSA Status** *(check box)*: □ Exempt □ Non-Exempt**Pay Action** *(check box)*: □ Initial Rate □ Promotion □ Pay Increase □ Pay Decrease □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous Pay Rate**:** $ **New Pay Rate: $** *(For hourly employees, use hourly pay rate. For salaried employees, use annual rate).* |
| **JOB CHANGE** |
| **Action**: □ Transfer □ Promotion □ Demotion □ Other *(explain)*:  |
| **Current Job** Job Title: FTE: LW Dept: Dept # Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Div: \_\_\_\_\_\_\_\_\_\_\_\_\_**Pay Category** *(check box)*: □ Support I □ Support II □ Specialized I □ Specialized II □ Prof I □ Prof II □ Prof III □ Prof IV □ Prof V □ Supervisor  □ Director □ Executive Director □ Chief**Current Status:** □ PT <20 □ PT 20+ □ FT  | **New Job** Job Title: FTE: LW Dept: Dept # Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Div: \_\_\_\_\_\_\_\_\_\_\_\_\_**Pay Category** *(check box)*: □ Support I □ Support II □ Specialized I □ Specialized II □ Prof I □ Prof II□ Prof III □ Prof IV □ Prof V □ Supervisor □ Director □ Executive Director □ Chief**New Status:** □ PT <20 □ PT 20+ □ FT  |
| **SEPARATION OF EMPLOYMENT** |
| □ Resignation □ Dismissal □ Retirement □ Position Elimination □ Death □ Other  |
| **SIGNED AUTHORIZATION** |
| Manager/Supervisor Signature: \_\_\_\_ Date: CFO Signature: \_\_\_\_ Date: CEO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date: Human Resources Signature: Date: Employee Signature *(personal changes only)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Date:   |

Type, or print legibly