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|  | **Employee Status Changes** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *first name last name* | |
| **Current Status** | |
| Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **New Status/ Changes** | |
| Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_must be start of pay-period)  New Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  New Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if different)  New Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if different)  Other Changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if FT or PT)  **YOU MUST SELECT ONE OF THESE OPTIONS:**  90 Day Review Annual Review  Promotion Demotion  Change  Salary Adjustment Current Pay Rate: \_\_\_\_\_\_\_\_\_\_\_\_New Pay Rate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hourly/Salary\_\_\_\_\_\_\_\_\_ | |
| **Authorizations** REQUIRED | |
| Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HR Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_  Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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**Note: NDA must be signed prior to any employment status change and approved by HR or Executive Team**