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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[x] 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**