



EMPLOYEE STATUS FORM

EMPLOYEE PROFILE

New Employee *(only check if new employee)*

Employee Name: _____ Date: _____

Employee ID#: _____ Job Title: _____

Supervisor: _____ Department/Program: _____

Location: _____ Work Shift: _____

PAY STATUS

Check all applicable information:

Full-Time Part-Time Temporary Seasonal

FLSA Status: Exempt Non-Exempt

STATUS CHANGES

(Check all that apply)

	<u>Current</u>	<u>New</u>	<u>Effective Date</u>	<u>Reason</u>
<input type="checkbox"/> Salary	_____	_____	_____	<input type="checkbox"/> Position Change
<input type="checkbox"/> Hourly Rate	_____	_____	_____	<input type="checkbox"/> Promotion
<input type="checkbox"/> Pay Supplement	_____	_____	_____	<input type="checkbox"/> Merit Increase
<input type="checkbox"/> Title	_____	_____	_____	<input type="checkbox"/> Wage Increase
<input type="checkbox"/> Department/ Program	_____	_____	_____	<input type="checkbox"/> Rehire
<input type="checkbox"/> Location	_____	_____	_____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Supervisor	_____	_____	_____	_____

MEDICAL LEAVE OF ABSENCE

(Please attach Medical Leave of Absence Request Form)

Effective Date Return to Work Date

Reason: _____

SEPARATION

(The Termination/Separation Form(s) must also be submitted)

Resignation Retirement Involuntary Termination

Effective Date: _____

Program Director: _____ Date: _____

Department Director: _____ Date: _____

HEC Designee: _____ Date: _____

Employee Signature: _____ Date: _____

Signature indicates that employee has received a copy of the Employee Status Form

HR USE ONLY

HR Administrator: _____ Date Received: _____