

Notice of Employee Change

Current Employee Information

Employee Name			
Job Title		Employee Number	
Department		Social Security Number	

Personal Information

Employee Name	From	To
Address		
City State Zip		
Phone Number		
Marital Status		

Job Position Information

Job Title	From	To
Department		
Supervisor/ Manager		
Salary	\$ per [] Hour [] Month	\$ per [] Hour [] Month
Effective Date		
Reason Code	Promotion [] Reclassification [] Transfer [] Demotion [] Adjustment [] Merit []	
Review Date	Current	Next
FLSA Status	NonExempt [] Exempt []	

Employee Status

Change in Status	[] Leave of Absence [] Lay Off [] _____ [] Return to Work [] Termination
Effective Date	
Reason for Change	

Approvals

Supervisor	Human Resources
Manager	President