

EMPLOYEE STATUS CHANGE FORM
SUBMIT TO HUMAN RESOURCES : ROOM 205

See Reverse Side for Instructions for Completing this Form

SECTION I

Employee: _____ Emp # _____

SECTION II

SALARY/WAGE RATE CHANGE
All Pay Changes Are Effective at the Beginning of a Pay Period

- Hourly Training Raise: \$0.25 per hour
- Hourly Annual: \$0.25 per hour
- Other \$ _____ / Year or _____

EFFECTIVE DATE: _____

SUPERVISOR: _____ **Date:** _____

PROGRAM DIRECTOR (REQUIRED FOR EXCEPTIONS): _____ **Date:** _____

SECTION III

CHANGE IN EMPLOYMENT

Previous Position _____ New Position: _____ Effective: _____

Full-Time Status: From Part-Time to Full-Time Eff: _____ From Full-Time to Part-Time Eff: _____

SUPERVISOR: _____ **Date:** _____

SECTION IV

WORK SITE TRANSFER APPROVAL

For Transfers to RBSCL locations, date health statement signed by physician _____

For Transfers to an RCF location, date Physical/TB Completed _____

From Loc#: _____ To Loc#: _____ Effective: _____

CURRENT SUPV.: _____ **Date:** _____

PROPOSED SUPV.: _____ **Date:** _____

SECTION V

BACK PAY AUTHORIZATION

PROGRAM DIRECTOR: _____ **Date:** _____

FOR PAYROLL DEPARTMENT USE ONLY

Payroll Change Completed by: _____ Date: ____/____/____

Current Rate: \$ _____ / HR or BW _____ **New Rate:** \$ _____ / HR or BW (Revised 7/ 09)

PAY RATE CALCULATION

INSTRUCTIONS

Select the section that is applicable for the action you wish to initiate and complete the section per the instructions below:

- SECTION I** This is to be completed for all changes--fill in the employee's name and the Employee # if you know it, since it helps ensure accuracy and speeds entry.
- SECTION II** For **HOURLY** employees, check the applicable box: "Six Month Evaluation" or "Annual Evaluation" and fill in the "Effective Date" which must be at the beginning of a pay period. Sign the "Authorized By" line and enter today's date.
- For **SALARIED** employees, check the box, enter the amount of the increase and fill in the Effective Date which must be at the beginning of a pay period. Sign the "Authorized By" line and enter today's date.
- OTHER** is to be used for position changes, equity changes, etc.
- SECTION III** This section is completed for changes in title or position, and/ or in full time status. If an employee is moving from full time to part time status and has a positive PTO balance, the employee and the supervisor must decide if the PTO will be paid out to the employee or if it will be kept as a balance to use as a part time employee. .
- SECTION IV** This section is for a change in an hourly employee's home location. Enter the current location on the "From" line and the new location on the "To" line. When you sign the "Authorized By" line, this attests that you have obtained approval for the transfer from the current supervisor.
- SECTION V** This section is signed by the appropriate Program Director to authorize the payment of Back Pay.
- PAY CALCULATION** This section is used to document the starting pay calculation for a new hire whose education, training and experience justify pay above the minimum for the position or to document the pay calculation for an employee who is moving to a different job.

**THE COMPLETED FORM IS SENT TO THE HUMAN RESOURCES OFFICE
IN ROOM 205.**