

SUPERVISOR: EMPLOYEE JOB STATUS CHANGE FORM

PERSONAL INFORMATION - PLEASE PRINT

Company Name _____	Today's Date _____
Employee Name _____	Social Security # _____

CHANGE OF JOB STATUS INFORMATION

PAY RATE CHANGE					
<p><u>REASON FOR CHANGE</u></p> <p> <input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Merit Increase <input type="checkbox"/> Other _____ <input type="checkbox"/> Seniority Increase <input type="checkbox"/> Shift Change* </p> <p>*If shift change, enter shift-change premium \$____. ____ / Hour.</p>	<p style="text-align: center;">Check one option describing the new rate.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>NEW RATE</u></td> <td style="width: 50%;"><u>RATE DESCRIPTION</u></td> </tr> <tr> <td>\$____, ____ . ____</td> <td> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Mileage <input type="checkbox"/> Piece/Each <input type="checkbox"/> Retro Pay* - Indicate hours worked at old rate and hours worked at new rate. </td> </tr> </table>	<u>NEW RATE</u>	<u>RATE DESCRIPTION</u>	\$____, ____ . ____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Mileage <input type="checkbox"/> Piece/Each <input type="checkbox"/> Retro Pay* - Indicate hours worked at old rate and hours worked at new rate.
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REASON FOR JOB STATUS CHANGE		
<input type="checkbox"/> Employee Hours Changed (Full to Part-Time) <input type="checkbox"/> Employee Hours Changed (Part to Full-Time) <input type="checkbox"/> Retired <input type="checkbox"/> Death of an Employee	<input type="checkbox"/> Rehire <input type="checkbox"/> Layoff (circle one below) (Temporary or Permanent) <input type="checkbox"/> Return From Layoff	<input type="checkbox"/> Workers' Comp. Leave <input type="checkbox"/> Leave of Absence <input type="checkbox"/> FMLA Leave <input type="checkbox"/> Return From Leave
<p><u>TERMINATION*:</u></p> <input type="checkbox"/> Attendance/Tardiness <input type="checkbox"/> Inability to Perform Job <input type="checkbox"/> Misconduct <input type="checkbox"/> Insubordination <input type="checkbox"/> Other (Describe below) _____ _____ _____	<p><u>QUIT / RESIGNED*:</u></p> <input type="checkbox"/> Job Abandonment <input type="checkbox"/> Accept Other Employment <input type="checkbox"/> Attend School <input type="checkbox"/> Personal Reasons <input type="checkbox"/> Other (Describe below) _____ _____ _____	
<p>*Attach all documentation related to employee Termination or Quit / Resignation. (Warning Forms, Resignation Letters, etc.)</p>		

TRANSFER EMPLOYEE					
Transfer Employee to Department: (Please note: May also need to update Position / Job Title below.)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>DEPARTMENT</u></td> <td style="text-align: center;"><u>WC CODE</u></td> </tr> <tr> <td style="text-align: center;">____ / ____ / ____</td> <td style="text-align: center;">_____</td> </tr> </table>	<u>DEPARTMENT</u>	<u>WC CODE</u>	____ / ____ / ____	_____
<u>DEPARTMENT</u>	<u>WC CODE</u>				
____ / ____ / ____	_____				

POSITION / JOB TITLE CHANGE	
Change Position / Job Title to:	<p style="text-align: center;"><u>POSITION / JOB TITLE</u></p> <p style="text-align: center;">_____ / _____</p>

Please describe any special circumstances:

Supervisor Signature: _____ Date _____

Effective Date ____ / ____ / ____ (Check Date, Pay Period Ending or As Shown) Sent to CoStaff: ____ / ____ / ____

CoStaff Use Only: Processed by: _____ Date: ____ / ____ / ____ HR COBRA CARRIERS

Call CoStaff Services at (248) 487- 4455 / Fax Completed Form to CoStaff Services (248) 671-0805.