

CHANGE OF STATUS FORM

Payroll Site*:

Employee Name*:					ID*:		
	To complete	this Change of Status for	m, please refe	to the Reference	Sheet.		
☐ ACTIVATION	□ ЕМ	☐ EMPLOYMENT CONDITION CHANGE			☐ DE-ACTIVATION		
□ New Hire Hire/Rehire Date*:		☐ Job Title ☐		Category rk Arrangement	☐ Leave of Absence Type: ☐ Departure Eligible for Rehire? ☐ Yes ☐ No*		
☐ Return to Work	☐ Depar			nsation			
Return Date*:		☐ Standard Hours ☐ Effective Date*:		efits Type: Last Day Paid*:		_	
	Effective				Last Day Worked:		<u> </u>
Employee Inforn	nation Curre	NT STATUS		Re	COMMENDED CHANGE	*	
							_
Reporting to:							_
Job Title:							_
Team/Department:							_
Standard Hours:	Per Week			Per Week			
Worker Category:	☐ Permanent ☐ Contract ☐ Assignment ☐ Student			☐ Permanent ☐ Contract ☐ Assignment ☐ Student			
Telework Arrangement:	☐ Office Status ☐ Home Status			□о	office Status Home St	atus	
Compensation	CURRENT STATUS			RECOMMENDED CHANGE*			
\$\$		Per Hour □ Annual		\$\$		☐ Per Hour ☐	Annual
Job Class:	Job Function:			Job Class:	: Job Function:		
_	ility:	% % %			Eligibility: Yes No Eligibility: Yes No Language: On-Call: Shift Work: Other:		% % % □\$ □%
☐ Special Payment (\$):	Utilei.	□\$ □%		☐ Special Payment (I		□\$ □%
Benefits	CURRENT STATUS			Re	COMMENDED CHANGE	*	_
Group Insurance	☐ Yes ☐ No	Plan	Gro	up Insurance	☐ Yes ☐ No	Plan	
RRSP/DPSP	☐ Yes ☐ No	% DPSP		SP/DPSP	☐ Yes ☐ No	% DPSP	
401(k) Vacation	☐ Yes ☐ No ☐ Yes ☐ No		401 Vac	(k) ation	☐ Yes ☐ No ☐ Yes ☐ No	<u></u> %	
Paid Time Off	☐ Yes ☐ No			d Time Off	☐ Yes ☐ No		

Comments	
Signature(s)*	
Vladimir Estevez	
Employee Signature	Date
	•
Leader Signature	Date
HRBP Signature	Date