



## Employee Change in Status or Compensation Form

### Employee Profile

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date filed

\_\_\_\_\_  
Effective date of this change

### Employee Information Changes

**Current Information**

**New Information**

### Verification of Changes

\_\_\_\_\_  
Prepared by:

\_\_\_\_\_  
Approved by:

\_\_\_\_\_  
Reviewed by:

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Second Level Manager

\_\_\_\_\_  
HR Personnel

### Acknowledgment

\_\_\_\_\_  
Name and Signature of Employee