



STATUS CHANGE FORM

Effective Date

Hire Date

Employee Number

Legal Name

LAST

FIRST

MIDDLE

CHANGES MADE MUST BE EFFECTIVE FIRST DAY OF PAY PERIOD

	From	To
Home Department		
Location		
Direct Report to Manager (직속 상사)		
Job Title		
Full-Time or Part-Time Status		
Hourly Rate (Non-Exempt/Hourly Employee)		
Annual Salary (Exempt/Salary Employee)		
Other		

Reason for Change (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Location Change |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Branch/Department Transfer |
| <input type="checkbox"/> Position Change (use for jobs that are lateral or decrease) | <input type="checkbox"/> Other (provide reason) |

Comments:

Human Resources Only (if applicable)

- | | | | | |
|---|---|--|--------------------------------------|--|
| <input type="checkbox"/> HR | <input type="checkbox"/> T & A Supervisor | <input type="checkbox"/> Standard Hours (80) | <input type="checkbox"/> Pay Class | <input type="checkbox"/> Time Off Policy |
| <input type="checkbox"/> Security Access (Manager & T&A Supervisor) | | | <input type="checkbox"/> Other _____ | |

Enter By	Date
Audit By	Date