

Employee

Status Change

Employee Name: _____ Social Security #: _____

☐ If Address change: _____

Location: _____ Effective Date: ____/____/____

Date of Birth: ____/____/____ Email: _____

Employee Status:

Type of Change:

☐ New Hire ☐ Rehire ☐ Employee Status Change

☐ Regular Full Time (30 hours or more) Hours per week: _____
☐ Regular Part Time (29 hours or less) Hours per week: _____
☐ Variable (Provisional) Hours per week: _____
☐ On Call (As Needed)

Salary Establishment/Change:

Type of Change:

☐ New Hire ☐ Merit Increase ☐ Promotion ☐ Other _____

Current Pay Rate: \$ _____ ☐ per hour ☐ per year

New Pay Rate: \$ _____ ☐ per hour ☐ per year

☐ Exempt (Salaried) ☐ Non-Exempt (Hourly)

Status Change:

☐ Location Change (Transfer) From _____ To _____
☐ Position Change From _____ To _____
☐ Leave of Absence From _____ To _____
☐ Other _____

Termination of Employment:

Last Working Day: ____/____/____

Badge Returned? ☐ Yes ☐ No

Eligible for rehire? ☐ Yes ☐ No (if no, list reason) _____

Select ONE reason for separation:

Voluntary:

☐ Dissatisfied w/ job or company ☐ Retirement ☐ School ☐ Job Abandonment ☐ Better job/pay/benefits/hours
☐ Medical-self or family ☐ Relocating ☐ Family issues

Involuntary:

☐ Poor performance ☐ Gross Misconduct ☐ Attendance/Tardiness ☐ Unqualified for job
☐ Violation of company policy/procedure ☐ Unprofessional conduct

Remarks: _____

Manager Signature: _____ Date: _____

Email original to payroll@anomalysquared.com