City of Maumelle

EMPLOYEE CHANGE OF STATUS
(Other than Hiring/Termination)

EMPLOYEE NAME	DATE

DEPARTMENT NUMBER	EMPLOYEE NUMBER

REASON FOR CHANGE:
(CHECK ONE)

☐ Promotion   ☐ Demotion

☐ Merit/Performance Evaluation   ☐ Transfer   ☐ Other (Explain in Remarks)

FROM:

POSITION TITLE	CLASSIFICATION	ANNUAL	BI-WEEKLY	HOURLY

TO:

POSITION TITLE	CLASSIFICATION	ANNUAL	BI-WEEKLY	HOURLY

EFFECTIVE DATE OF CHANGE: _____

REMARKS: (Specific justification required)

_____
_____
_____
_____

APPROVALS:

Supervisor:_____   Date:_____

Department Head:_____   Date:_____

Human Resources:_____   Date:_____

Mayor: _____   Date:_____
_____   _____

Payroll Updated:_____   Date:_____
(Payroll will only be updated when all signatures are received)

THE ORIGINAL OF THIS FORM MUST BE RETURNED TO HUMAN RESOURCES