



**EMPLOYEE STATUS CHANGE**

(Other than Hiring/Termination)

Employee Name:	Employee ID Number:
Department Name & Number:	Date:

REASON FOR CHANGE (select one):		
Merit/Performance Evaluation	Transfer	Other
Uniform Personnel STEP Increase	Promotion	Demotion

FROM:					
Position Title	Exempt	Step	°	Hours per Pay Period	Hourly Rate
TO:					
Position Title	Exempt	Step	°	Hours per Pay Period	Hourly Rate

Effective Date of Change:				
Remarks:	Funds	Dept.	Program	%

Approvals:	
Supervisor:	Date:
Department Head:	Date:
Human Resources:	Date:
Mayor:	Date:
Payroll:	Date: