



995 Worthington Street, Springfield, MA 01109
Telephone (413) 734-5376 FAX (413) 737-7949

CHANGE OF STATUS FORM

Employee Name: _____ Effective Date: _____

Position Title: _____ Location: _____ Payroll Ending Date: _____

Employment Status Change

New Hire

Username: _____ Email address: _____

Employee ID#: _____ E-clock/Website password _____ (Note this is also your original network password that will expire in 90 days when you will be required to establish a new password.)

Termination

Change status to: Relief _____ PT _____ PTR _____ FT _____

FT # of Hours/Week _____

Change accrual: New PTO accrual _____ New Sick accrual _____ Delete Sick _____

Convert Flex to PTO balance _____ Convert PTO to Flex balance _____

PTO Payoff: _____ FLEX Payoff _____

Medical Deduction: Start _____ Stop _____ Code _____

Dental Deduction: Start _____ Stop _____ Code _____

Other Deduction: Start _____ Stop _____ Code _____

EEO Class to C M O P S Workers Comp Code _____

Location Change to _____

Position Change to _____

Hourly Rate to: Rate 1 _____ Rate 2 _____ Rate 3 _____ Rate 4 _____ Rate 5 _____

Weekly Salary (exempt only) to _____

Paycheck Routing to _____

Leave of Absence _____ Expected Return Date _____

Personal Information Change

Name Change to _____

Address Change to _____

Telephone Number to _____

Routing:

Initiated by: _____
Name/Title _____ Date _____

Approved by: _____
Name/Title _____ Date _____