



# CHANGE OF STATUS FORM

Employee Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Current Position: \_\_\_\_\_ Current Location: \_\_\_\_\_

- Change status to: Relief PT PTR FT # of Hours/Week: \_\_\_\_\_ New Position Code: \_\_\_\_\_
- Empower Hours: 30=1560 32=1664 34=1768 35=1820 36=1872 38=1976 FT/PT/REL= 2080
- New Loc: \_\_\_\_\_ New Pos (Fiscal): \_\_\_\_\_ New Pos Title (HR): \_\_\_\_\_
- Time Approval Group: DDS MH Homeless Admin Labor Allocation: \_\_\_\_\_
- Training Profile
- User Access Form Completed by HR if necessary (Location, position, etc.) \_\_\_\_\_
- New Intro Perf Review Due Date: \_\_\_\_\_ New Annual Perf Review Due Date: \_\_\_\_\_
- New Annual Salary (exempt only) to \_\_\_\_\_. (Includes reasons/calculations in comments.)
- New Hourly Rates: Base \_\_\_\_\_ (HR to amend GTL amount if FT change.)
- Adjusted LOS Date: \_\_\_\_\_ Calculation: \_\_\_\_\_
- Adjusted Sick Balance To: \_\_\_\_\_ (Includes reasons/calculations in comments.)
- PTO Payoff \_\_\_\_\_
- Benefit Profile and/or ACA Profile Change(s): \_\_\_\_\_
- Medical: Start/Last Deduction \_\_\_\_\_ (Check Date) Type: HMO HD PPO Ind Dou Fam
- Dental: Start/Last Deduction \_\_\_\_\_ (Check Date) Type: Ind Fam
- Other Deduction: Start/Last Deduction \_\_\_\_\_ (Check Date) Type: FSA Dep Care Colonial
- Other Deduction: Start/Last Deduction \_\_\_\_\_ (Check Date) Type: FSA Dep Care Colonial
- Leave of Absence Type \_\_\_\_\_ Expected Return Date \_\_\_\_\_ (Detail in comments)
- Term: Invol- CummVio IntroTerm MajorVio MapCert MedVio PIPterm Reduct TimeVio Illness Other  
Volun- Aband AbandRel CorrAct Dissat Educa Illness NewJob Personal Other Reloc Retire

Comments: \_\_\_\_\_

Initiated by: \_\_\_\_\_  
Name/Title \_\_\_\_\_ Date \_\_\_\_\_

Approved by, if needed: \_\_\_\_\_  
Name/Title \_\_\_\_\_ Date \_\_\_\_\_

Human Resources: \_\_\_\_\_ VP Fin: \_\_\_\_\_ Payroll: \_\_\_\_\_

**Admin Only In This Section**

**Initial Routing (circle): HR VP-Fin Payroll Other**