



STATUS CHANGE FORM

RFP# _____

Copy: HR RECORDS
HR EMPLOYMENT

Employee Information

Employee ID: _____ Effective Date: _____ Process Level: _____ Department: _____

Employee Name: _____

Schedule: _____ Employee Status: _____

Position No. _____ Description: _____ Grade: _____

Immediate Supervisor Code: _____ Immediate Supervisor Name: _____

Please Check Reason for Status Change Below

USER LEVEL -

EXPENSE ACCOUNT -

ACTIVITY -

SALARY ADJUSTMENTS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Alternate Rate | <input type="checkbox"/> EPAS Increase | <input type="checkbox"/> Salary Adjustment Not EPAS |
| Current Salary: _____ | New Salary: _____ | % of Increase _____ |

OTHER STATUS CHANGES:

- | | | |
|---|---|--|
| <input type="checkbox"/> Career Ladder | <input type="checkbox"/> Bumping Rights Exercised | <input type="checkbox"/> Voluntary Demotion |
| <input type="checkbox"/> Disciplinary Demotion | <input type="checkbox"/> Demotion by Transfer | <input type="checkbox"/> Transfer _____ |
| <input type="checkbox"/> Reorganization | <input type="checkbox"/> Suspension-Leave Substitute | <input type="checkbox"/> Suspension Without Pay |
| <input type="checkbox"/> Reclassification | <input type="checkbox"/> Title Change Only | <input type="checkbox"/> 60% Salary Continuation |
| <input type="checkbox"/> Leave of Absence <small>(State Reason Below)</small> | <input type="checkbox"/> Return from Leave of Absence | |
| Other: (explain) _____ | | |

TERMINATION:

- | | | |
|--|--|---|
| <input type="checkbox"/> Resigned | <input type="checkbox"/> Disciplinary Action | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Unsatisfactory Probation | |
| <input type="checkbox"/> Reduction in Work Force | <input type="checkbox"/> Death | |
| | <input type="checkbox"/> End of Temporary Assignment | <input type="checkbox"/> Summer Program |

For Non-Probationary Post Hire Employees, Pre-Termination Hearing Date: _____

APPROVALS

Department Director _____ Date _____

Director of Human Resources _____ Date _____

City Manager _____ Date _____