



# 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 \_\_\_\_\_