



STATUS CHANGE FORM

Employee Information

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

Employee Name: _____

Position No. _____ Grade: _____ Schedule: _____ Employee Status: _____

Job Title: _____

Immediate Supervisor Code: _____ Immediate Supervisor Name: _____

Please Check Reason for Status Change Below

USER LEVEL -

EXPENSE ACCOUNT -

ACTIVITY -

SALARY ADJUSTMENTS:

- | | | |
|-----------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Across the Board Increase | <input type="checkbox"/> End of Probation |
| <input type="checkbox"/> Salary Adjustment Not EPAS | <input type="checkbox"/> Alternate Rate | <input type="checkbox"/> Equity Review Increase |
| <input type="checkbox"/> Range Minimum Adjustment | <input type="checkbox"/> Minimum Wage Increase | |
| <input type="checkbox"/> Other: (explain) _____ | | |

Current Salary: _____ New Salary: _____ % Of Increase

OTHER STATUS CHANGES:

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

TERMINATION:

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

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

APPROVALS

Department Director _____ Date

Director of Human Resources _____ Date

City Manager _____ Date

Mayor _____ Date