



# 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