

EMPLOYEE STATUS CHANGE

EMPLOYEE INFORMATION

Employee Name: Rachel Wells
 Date: 1/25/2021 Date Effective: 1/25/2021

EMPLOYEE STATUS CHANGES

Change	Old Information	New Information
Transfer: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Promotion: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Demotion: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Title or Assignment: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Shift (Hours): <input type="checkbox"/>	Shift (Hours): _____	Shift (Hours): _____
Address: <input type="checkbox"/>	Address: _____	Address: _____
Pay Rate: <input type="checkbox"/>	Pay Rate: _____	Pay Rate: _____
Status: <input type="checkbox"/>	Status: _____	Status: _____

Other Change Not Detailed: Start date changed from 1/25/2021 to 2/11/2021

Director's Signature: _____ Date: _____

Employee's Signature: Rachel Wells Date: 2/11/21