



Status Change Report

Today's Date _____

Employing Entity _____

Employee Name _____

| | | | |
|------------------------------------|-------------------------|---------------------|----------------------|
| <input type="checkbox"/> Job Title | | | |
| | Current Job Title _____ | New Job Title _____ | Effective Date _____ |

| | | | |
|-------------------------------------|--------------------|----------------|----------------------|
| <input type="checkbox"/> Pay Change | | | |
| | Current Rate _____ | New Rate _____ | Effective Date _____ |

| | | | | | |
|---|-------------------------------------|--|----------------------|----------|---|
| <input type="checkbox"/> Employment Status <input type="checkbox"/> Rehire | <input type="checkbox"/> Exempt | <input type="checkbox"/> Full-Time | Effective Date _____ | Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Non-Exempt | <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary | Hours/Week _____ | | |

| | | | | |
|--------------------------------------|--------------|------------------|-------------|----------------------|
| <input type="checkbox"/> Cost Center | | | | |
| | Entity _____ | Department _____ | Class _____ | Effective Date _____ |

| | | |
|----------------------------------|----------------------|---------------|
| <input type="checkbox"/> Stipend | \$ _____ | Reason: _____ |
| | Amount _____ | |
| | Effective Date _____ | |

| | | | |
|--------------------------------------|----------------|----------------------|---------------|
| <input type="checkbox"/> Name Change | | | Reason: _____ |
| | New Name _____ | Effective Date _____ | |

Supervisor _____
Pastor/Principal/ _____
Business Manager _____

Date _____
Date _____

Completed form sent to Payroll on: _____