



# Regional One Health

## CHANGE IN EMPLOYEE STATUS

Dept#: \_\_\_\_\_ Department Name: \_\_\_\_\_

Employee: \_\_\_\_\_ Effective Date: \_\_\_\_\_

(As name appears on payroll)

NEW NAME			
(Last)	(First)	(Middle)	
NEW ADDRESS			
(Street)	(City)	(State)	(ZIP CODE)
NEW TELEPHONE		MARITAL STATUS	
(Area Code)	Changed To		

CHANGE	FROM	TO
Job Title		
Dept. Number		
Pay Per Hour		

### REASON FOR CHANGE

- |   |  |
|---|--|
| <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Return from Leave         |
| <input type="checkbox"/> Promotion      | <input type="checkbox"/> Job Classification Change |
| <input type="checkbox"/> Demotion       | <input type="checkbox"/> Other: _____              |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Approval (Employee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Representative

\_\_\_\_\_  
Administrative Approval

\_\_\_\_\_  
Date