

HR Approval

Change of Status Request

Revised: 07/13/2022

Date:___

Discussion with employees regarding increases, promotions, or any other change of status occur <u>only</u> after the offer letter is received by the submitting supervisor/manager. Effective date will be communicated when all all documents have been signed and received by the COS Coordinator.

Employee Name:		Employee ID:	
Date Submitted:	Requested Effect	Requested Effective Date:	
Staffing Office:	·	*Effective dates will always be a Monday*	
8	CURRENT	NEW	
JOB TITLE	COMMENT	145.44	
REPORTS TO/MANAG	FR		
CHANGE OF STAFFING			
REASON	PROMOTION	CHANGE IN TITLE	
TE/ISON	TRANSITION (Demotion)	CHANGE IN REPORTING	
	TRANSFER	OTHER (Specify in Comments Section)	
	FULL TIME TO PART TIME	PART TIME TO FULL TIME	
	(Max of 30 hours scheduled per week)	(Min of 30 hours scheduled per week)	
COMMENTS:			
MANAGER'S NAME:	(Type in name in box, do not import si		
For HR Use only Meets job description	qualifications		
	tion plan prior 90 days		
Review benefits	tion plan prior 30 days		
Relocation Package of	fered		
Credit Card	icica		
Car Allowance			
Current Pay rate	\$	Verified by:	
	Hourly (base pay only) \$	Verified by:	
	Annual Salary \$	Verified by:	
DOH:	Re-Hire:		