



Change of Status Request

Revised: 02/01/2026

Save COS form as a PDF prior to submitting. Send form and any questions to: COS@stratospherequality.com.

Employee Name:

Employee ID:

Date Submitted:

Requested Effective Date:

Staffing Office:

Effective dates will always be a Monday

	CURRENT	NEW
JOB TITLE		
REPORT TO MANAGER		
VACATION/PTO APPROVER		
STAFFING OFFICE		
REASON	PROMOTION	<input type="checkbox"/> CHANGE IN TITLE <input type="checkbox"/>
	TRANSITION (Demotion)	<input type="checkbox"/> PAY ADJUSTMENT <input type="checkbox"/>
	TRANSFER *only if a change in staffing office	<input type="checkbox"/> OTHER: *specify in comments section <input type="checkbox"/>
	FULL TIME TO PART TIME (Max of 30 hours scheduled per week)	<input type="checkbox"/> PART TIME TO FULL TIME (Min of 30 hours scheduled per week) <input type="checkbox"/>
COMMENTS:		

If this COS is a promotion, please answer the following questions:	90 days in current position? <input type="checkbox"/>
Req #	Posted Internally for 7 days? <input type="checkbox"/>
	Interviews completed? <input type="checkbox"/>
	Transition/training in place? <input type="checkbox"/>

MANAGER'S NAME: _____

(Type in name in box, do not import signature)

For COS Use only

MVR status:	Training status:
Not on a corrective action plan within 90 days	
Relocation Package offered	
Car Allowance	

Current Pay rate	\$	Verified by:
New Pay rate	Hourly (base pay only) \$	Verified by:
New Salary	Annual Salary \$	Verified by:
DOH:	Re-Hire:	

COS Approval: _____ Date: _____