



# 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](mailto: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 <i>*only if a change in staffing office</i>	<input type="checkbox"/>	OTHER: <i>*specify in comments section</i>	<input type="checkbox"/>
	FULL TIME TO PART TIME <i>(Max of 30 hours scheduled per week)</i>	<input type="checkbox"/>	PART TIME TO FULL TIME <i>(Min of 30 hours scheduled per week)</i>	<input type="checkbox"/>
COMMENTS:				

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

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: \_\_\_\_\_