

Employee Change Request Form

Instructions: Please complete this form for any employment related changes (e.g. Department, Title, Type of Employment/Standard Hours, Pay, Exemption Status, etc.). Please note: a separate form is used to notify us of terminations.

Company Name:	Effective Date of Change:
Employee Name:	Reason:

<input checked="" type="checkbox"/> SELECT CHANGE(S)	CURRENT INFORMATION / STATUS	NEW INFORMATION / STATUS	
Employment Changes	<input type="checkbox"/> Department		* For new positions attach the employee's new job description
	<input type="checkbox"/> Title *		
	<input type="checkbox"/> Reporting Manager		
	<input type="checkbox"/> Type of Employment & Hours / Week	<input type="checkbox"/> Regular Full-Time _____ hours / week <input type="checkbox"/> Regular Part-Time _____ hours / week <input type="checkbox"/> Temp/LTE/Student _____ hours / week	<input type="checkbox"/> Regular Full-Time _____ hours / week <input type="checkbox"/> Regular Part-Time _____ hours / week <input type="checkbox"/> Temp/LTE/Student _____ hours / week
	<input type="checkbox"/> Pay	<input type="checkbox"/> Hourly \$ _____ an hour	<input type="checkbox"/> Hourly \$ _____ an hour
		<input type="checkbox"/> Salary \$ _____ a paycheck \$ _____ a year	<input type="checkbox"/> Salary \$ _____ a paycheck \$ _____ a year
		<input type="checkbox"/> Bonus / Commission:	<input type="checkbox"/> Bonus / Commission:
<input type="checkbox"/> Exemption Status	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt *	* If changing, attach the employee's new job description
<p>Non-Exempt employees are paid either hourly or salary and receive overtime pay when/if working more than 40 hours per week. Exempt employees are paid a salary and do <u>not</u> receive overtime pay even when/if working more than 40 hours per week.</p>			
<input type="checkbox"/> Other (explain)			
Supervisors, please complete the Employee Termination Form to notify us of a separation.			

Supervisor Signature: _____ Title: _____ Date: _____

Other Approver Signature: _____ Title: _____ Date: _____