

# Employee Status Change Form

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

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

## Employee Status

### Type of Change:

- |  |                      |                       |
|--|----------------------|-----------------------|
| <input type="checkbox"/> Regular Full Time | (30 hours or more)   | Hours per week: _____ |
| <input type="checkbox"/> Regular Part Time | (29 hours or less)   | Hours per week: _____ |
| <input type="checkbox"/> Temporary         | (Less than 6 months) | Hours per week: _____ |
| <input type="checkbox"/> On Call           | (As Needed)          |                       |
| <input type="checkbox"/> Seasonal          | From _____ to _____  |                       |
| <input type="checkbox"/> Leave of Absence  | From _____ to _____  |                       |
| <input type="checkbox"/> Other _____       |                      |                       |

Remarks:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_