

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 of more) | Hours per week: _____ |
| <input type="checkbox"/> Regular Part Time | (29 hours of 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: _____