



Employee Change Request

Instructions: Please complete only sections that are being updated.

Employee Name:	Today's Date:	Effective Date:
SECTION 1 – EMPLOYMENT STATUS		
Previous Employment Status - Check one: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time Regular	New Employment Status - Check one: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time Regular	
*Previous FLSA Status - Check one: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <i>*Please confirm with HR prior to changing an employee's FLSA status</i>	New FLSA Status - Check one: Exempt <input type="checkbox"/> Non-Exempt Justification:	
SECTION 2 – WAGE / SALARY/ POSITION		
Current Wage / Salary: \$ per <input type="checkbox"/> Hour Year	New Wage / Salary: per <input type="checkbox"/> Hour Year Retroactive: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Current Position:	New Position:	
SECTION 3 - CHANGE IN SOURCE OF FUNDING		
Current Funding Source <input type="checkbox"/> IPA <input type="checkbox"/> Project Account # <input type="checkbox"/> JPA	New Funding Source <input type="checkbox"/> IPA <input type="checkbox"/> Project Account # <input type="checkbox"/> JPA	
SECTION 4 – REASON FOR CHANGE		
<input type="checkbox"/> Merit Based Increase (Please provide justification) <input type="checkbox"/> Unpaid Leave (type: _____) <input type="checkbox"/> Employee Initiated personal info change Comments:	<input type="checkbox"/> Position Change (Please attach PD) <input type="checkbox"/> Illness/Disability	

SECTION 4 - AUTHORIZATION

Immediate Supervisors' Signature:	Date:
Employee Signature:	Date:
Accounting Signature:	Date:
Executive Director Signature:	Date: