

Personnel Status Change

Type or print legibly

1. BASIC INFORMATION – Required for all Actions

Action (check Personal Information Pay Rate Job Change Separation Leave of Absence
(employee completes sections 1 & 2 & 7a) IBEW End of 6 month probation, eligible for floaters/holidays

Last Name: _____ First Name: _____
Employee No.: _____ Dept/Location: _____
Effective Date of Change: _____ Current Position: _____

2. PERSONAL

Street: _____ Apt.#: _____ City: _____ State: _____
ZIP Code: _____ Telephone: () _____
Circle One: Home, Msg, Pgr, Relative, Other (list), Emergency No. Cell Phone#: () _____

List all phone numbers you've previously provided that are no longer active: _____

Name Change (if applicable): From: _____ To: _____

3. PAY RATE (*For hourly employees, use hourly pay rate. For salaried employees, use monthly pay rate)

Transfer Promotion Lateral/Demotion Rate/Merit Increase Probation
 Other (Explain): _____

Pay Type: Hourly Salary *Pay Rate: *Previous \$: _____ *New \$: _____

4. JOB CHANGE Transfer Promotion Demotion Other (Explain): _____

Previous Position: _____ New Position: _____
Previous Department: _____ New Department: _____

5. SEPARATION OF EMPLOYMENT

Resignation Dismissal Retirement Death Other (Explain): _____

6. LEAVE OF ABSENCE

Start Date: _____ Anticipated Return Date: _____
Reason for Leave: _____

7. SIGNED AUTHORIZATION – Required for all Actions

(employee signature required for Personal Information changes only)

a.) Employee Signature: _____ Date: _____

b.) Manager/Supervisor Signature: _____ Date: _____

c.) HR Signature: _____ Date: _____