

# Change of Status (Form)

Client Name: Denizen Management

Employee Name _____	Employee I.D. #: _____
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<u>Employee Information Change</u>		Date to be Effective _____
Address Change _____		Apt. _____
City _____	State _____	Zip Code _____
New County of Residence _____		Phone # _____
Old County of Residence _____		Email _____
Name Change: From _____		To _____

<u>Division/Department/Shift Change</u>		Date to be Effective _____
Old Department _____	New Department _____	
Old Division _____	New Division _____	
Old Shift _____	New Shift _____	

<u>Employee Status Change</u> (Check all that apply)		Date to be Effective _____
Part-time to Full-time	Temporary	Non-exempt
Full-time to Part-time	Permanent	Exempt
<p>IF THE EMPLOYEE IS CHANGING FROM PART-TIME OR TEMPORARY TO FULL TIME STATUS, AND WILL NOW BE ELIGIBLE FOR COMPANY BENEFITS, PLEASE CONTACT OUR BENEFITS DEPARTMENT TO SPEAK WITH SOMEONE ABOUT BENEFIT ENROLLMENT FORMS.</p>		

<u>Compensation Change</u>		Date to be Effective _____
Old Rate: \$ _____	per hr	per year
New Rate: \$ _____	per hr	per year
Auto Allowance: \$ _____	per mo	Phone Allowance: \$ _____ per mo
<p>_____ Employee Signature <i>(Only Required if Reduction in Pay)</i></p>		

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
District Manager Signature

