

SOUTHERN UTE COMMUNITY ACTION PROGRAMS

EMPLOYEE STATUS CHANGE NOTICE

EMPLOYEE NAME _____ EFFECTIVE _____

EMPLOYEE'S CURRENT TITLE _____ (Date & Time)

THE CHANGE(S): (Check All Applicable Items) _____

<input type="checkbox"/>	Title Change	From:	To:
<input type="checkbox"/>	Rate Change	From:	To:
<input type="checkbox"/>	Grade/Step Change	From:	To:
<input type="checkbox"/>	Change in Hours Worked	From:	To:
<input type="checkbox"/>	Leave of Absence	From:	To:
<input type="checkbox"/>	Separation	<input type="checkbox"/>	Temporary employment ended
<input type="checkbox"/>	Final Paycheck Needed	(Date)	
<input type="checkbox"/>	Pay all accrued annual leave		

OTHER _____

COMMENTS: _____

Recommended by: _____ Date _____
(Supervisor)

Authorized by: _____ Date _____
(Division Director)

Approved by _____ Date _____
(Executive Director)

orig: Central Admin Personnel File
cc: (1) Payroll Department
(2) Division Director/Supervisor
(3) Employee

Payroll Use Only:

Employee # _____
Date input _____
Initials _____