

RESOURCE, SUPPORT, DEVELOPMENT, INC.

EMPLOYEE CHANGE OF STATUS

The following changes are effective as of: _____

Name: _____

Work Site: _____

Social Security: _____

Verified: _____

FROM:			
<u>Position</u>	<u>Facility</u>	<u>Rate of Pay</u>	<u>Hours/Wk</u>

TO:			
<u>Position</u>	<u>Facility</u>	<u>Rate of Pay</u>	<u>Hours/Wk</u>

Reason for Change:

New Hire _____
ReHire _____
Promotion _____
Demotion _____
Transfer _____
Merit of Change _____

Length of service increase _____
Re-Evaluation existing job _____
Resignation _____
Retirement _____
Layoff _____
Discharge _____

Other Reason or Explanation:

Authorized by: _____

Approved by: _____

**A COMPLETE W-4, AND A COPY OF EMPLOYEE'S SOCIAL SECURITY CARD
MUST BE INCLUDED WITH STATUS CHANGE FOR ALL NEW EMPLOYEES.**