Fax 606-663-2905

## **EMPLOYEE STATUS CHANGE**

| Date  |   |
|---|---|
| Employee  |   |
| Department                                      |   |
| Effective date of Change                        |   |
| CHANGE MADE FROM                                | ТО                                      |
| Position  |   |
| Rate of Pay                                     |   |
| Status (Full - Part Time - Lay Off – Terminated | <ul><li>Leave) please specify</li></ul> |
|   |   |
| Department Head Signature                       |   |
|   |   |