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CHANGE OF STATUS

Please make the following c	hange(s) as of :	
Name:	Dept.	
Pre	esent	Proposed
Job Title Rate of Pay Dept Line Item Hrs. per week	Job Title Rate of Pay Dept Line Item Hrs. per week Check as Applicable	
Employed ☐ To fill vacancy ☐ Increase in force ☐ With benefits ☐ Part time no benefits Transferred ☐ To fill vacancy ☐ Request of employee ☐ Reduction in force ☐ Technological change ☐ Other (explain below)	Re-employed To fill vacancy Increase in force With benefits Part time no benefits Resigned To accept other employment Dislikes work Transportation problems Health Personal reasons (explain beld) To return to school Other (explain below)	Discharged Work unsatisfactory Insubordinate Absenteeism Unsafe Employee Misconduct Refused to perform assigned work Other (explain below) Gross misconduct - NOT ELIGIBLE FOR COBRA
	Released Reduction in force Mutual Agreement Job eliminated Job completed Unsafe employee Technological change Other (explain below)	
		Date:
Approved by:		Date: