

Employee Change of Status Form

Email to: hr@arpeoh.com

Employee Information	
Employee name:	
Department:	
Job title:	
Requested by/Your name:	
Supervisor/Manager name:	
Today's Date:	
Effective date of change:	

Reason for Change

Select the reason and complete the corresponding section below.

- ☐ New Hire
- ☐ Termination
- ☐ Pay rate/salary change
- ☐ Employment status change/Position Change
- ☐ Other: _____

New Hire

Hire

Full Name
Start Date:
Team/Departement:
Reports To:
Title:
Pay Rate:
Address (street, city, region/state, country, postal code):
Work Schedule:

Termination

Termination type	
☐ Voluntary	☐ Involuntary
Termination Effective Date:	
Resignation Communication Received? Y/N	
Reason for termination	
Rehirable?:	
Exit Interview completed?	
☐ Yes	☐ No

Pay Rate/Salary Change

Current Pay Rate	New Pay Rate	Percentage Change

Frequency
☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually
Reason for change

Employment Status Change/Position Change

Current Status	New Status
☐ Full-time ☐ Part-time ☐ Temporary	☐ Full-time ☐ Part-time ☐ Temporary
Current Position:	
New Position:	
Reason for Change:	
Additional Details:	

Other:

Additional Details:	

Approvals

Supervisor/Manager Name:	
Signature:	Date:
HR Representative Name:	
Signature:	Date:

:	
Other (if needed):	
Signature:	Date:
:	

For HR/Payroll use only

Processed by:	Date processed:
Bamboo updated?	☐ Yes ☐ No
Comments/Notes:	