

Status Change

Employee Name: _____

Department No. _____ Effective date of change: _____

New Hire: New Employee Rehire Existing Employee/New position

Shift hours: _____ **RFP No.:** _____

Full Time (30 hrs. per week minimum)

Part Time / Number of regularly scheduled hours per week: _____

Per Diem Temporary/Duration of assignment: _____

Information: New Employee Rehire Existing Employee/New position

New Address to: _____ City, State, Zip: _____

New Phone No.: _____ Emergency Contact: _____

Name change to: _____ Emergency Contact Phone No.: _____

Classification: New Employee Rehire Existing Employee/New position

New Job Title: _____ From: _____

New Shift Status: _____ From: _____

New Status: Full Time Part Time Per Diem Temporary

Salary:

From: \$ _____ Per _____ To: \$ _____ Per _____

Reason: New Employee Merit Promotion Demotion Special Adjustment

Percentage Increase: _____% ***All salary changes require Executive Director approval.***

Termination:

Voluntary Agency Wide From Department No. _____ Only

Involuntary (*If involuntary, termination must be reviewed with HR department prior to termination.*)

Reason: _____

Eligible for rehire in dept: Yes No

Supervisor: _____

Date: _____

Department Director: _____

Date: _____

Executive Director: _____

Date: _____

Payroll Department: _____

Date: _____

**IHSS
CHANGE OF STATUS FORM**

Date: _____

Department No.: _____

Consumer Name: _____

CHANGE IN STAFF

Terminated staff: Name: _____ Effective Date: _____

Terminated staff: Name: _____ Effective Date: _____

New Staff: Name: _____ Effective Date: _____

Monthly Hours: _____ Monthly Deduction Amount: _____
Pay period Hours: _____ Pay period Deduction Amount: _____

New Staff: Name: _____ Effective Date: _____

Monthly Hours: _____ Monthly Deduction Amount: _____
Pay period Hours: _____ Pay period Deduction Amount: _____

NEW IHSS PACKET INFORMATION

Date Requested: _____

Send packet(s) to: _____

Director's Signature

Date: _____

IHSS Coordinator's Signature

Date: _____

Payroll Signature

Date: _____