



REQUEST FOR NEW EMPLOYEE OR CHANGE IN EMPLOYEE STATUS

REASON FOR FORM: **New Hire** **Promotion, Chg in Status, Transfer, Pay or Fringe Benefits**
 Evaluation: Probationary _____ Annual _____

Name: _____

Current Position Title: _____
New Position Title: _____

Current Work Location (report location): _____
New Work Location: _____

Current Position Status/Regularly Scheduled Hours/Week *

<input type="checkbox"/> <u>Full-time</u> 40 or more hours	<input type="checkbox"/> <u>Part-time</u> 28 hours or less	<input type="checkbox"/> <u>Intermittent</u> 15 hours/ but varies	<input type="checkbox"/> <u>Seasonal/Temporary</u> 40 hours/but varies**
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New Position Status/Regularly Scheduled Hours/Week*

<input type="checkbox"/> <u>Full-time</u> 40 or more hours	<input type="checkbox"/> <u>Part-time</u> 28 hours or less	<input type="checkbox"/> <u>Intermittent</u> 15 hours/ but varies	<input type="checkbox"/> <u>Seasonal/Temporary</u> 40 hours/but varies**
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*not to be construed as a promise to work certain hours as schedules may vary.
 ** as budgeted and for a period of employment of not more than 110 days.

If a status change **to full time**, what is eligibility **date** for health benefits coverage? _____

Rate of Pay: (complete No. 1 only for full-time, year-round positions, use No. 2 for all others)

	From	% of Change	To
1) Annual Salary	\$ _____	% _____	\$ _____
Bi-Weekly Rate	\$ _____		\$ _____
Hourly Equivalent	\$ _____		\$ _____
2) Hourly Rate	\$ _____	% _____	\$ _____

Cell Phone Allowance Currently: Yes ___ No ___ How Much Per Month: \$ _____

Cell Phone Allowance Requested: Yes ___ No ___ How Much Per Month: \$ _____

Effective Date of Change (Beg pay period for current employees): _____

Requested End Date (Seasonal/Temporary--May only be hired for 110 days): _____

Deadline to Complete Paperwork (if applicable): _____

New Starting time and Location: _____

Immediate Supervisor: _____

Comments (Justification): _____

Supervisory Chain - Approval/Disapproval by (Initials and Date Required). Route to:

Originator Name/Title: _____ Date: _____

Supervisor/Manager: _____ Approved Disapproved Date: _____

Intermediate Supervisor: _____ Approved Disapproved Date: _____

Deputy Director or Division Head: _____ Approved Disapproved Date: _____

Human Resources: _____ Approved Disapproved Date: _____

Executive Director: _____ Approved Disapproved Date: _____

If approved, submit form to HR, correspondence drafted by: _____ Sent Date: _____

Attach Copy of Application or Performance Review, If Applicable