

Employee Name			
(First Name, Last Name)			
Effective Date of Change			

REASON FOR CHANGE

Name Change	EXAMPLE: From Salina Shing to Salina Yu			
Address Change				
Direct Deposit Banking Change	Attach or insert image of voided check.			
Status	Active Inactive Terminated Explanation:			
Leave	Maternity Leave Leave of Absence Short Term Disability Long Term Disability Lay off Other (provide details below) Expected Return Date: DD/MM/YYYY Not Returning			
Return to Work	DD/MM/YY Reason for Return to Work:			
Position Status	 Employee Contractor Consultant Regular, full-time Regular, part-time Temporary, full-time Temporary, part-time Term On-going Status Term End Date (if applicable): DD-MM-YY 			
Title	EXAMPLE: From Marketing Coordinator to Marketing Specialist			
Reports to (Name & Title)	EXAMPLE: From Joe Smith. Line Superviser to James Wong, Warehouse Manager			
Department Transfer	EXAMPLE: From Marketing to Sales			
Hours of Work/Week	EXAMPLE: From 37.5 to 40			
Exempt from Overtime	Yes No			

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Employee Status Change Form

APPROVALS

Authorized by Manager (Print Name):	Title:
Signature	Date
Authorized by Next Level Manager (Print Name):	Title:
Signature	Date
Authorized by HR (Print Name):	Title:
Signature	Date

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