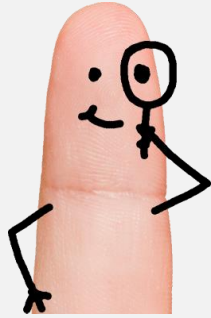


| | |
|---|--|
| Employee Name (First Name, Last Name) | |
| Effective Date of Change | |

REASON FOR CHANGE

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



PREVIEW

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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 |