

EMPLOYEE STATUS NOTICE

EMPLOYEE NAME: _____ Effective Date: _____

NEW____ PROMOTION____ RESIGNED____ TERMINATED____ STEP DOWN____ TRANSFER____

SHOULD THIS POSITION BE POSTED ? _____ (Yes or No)

IF RESIGNATION, REASON FOR RESIGNATION (IF KNOWN): _____

Would you rehire this person ? _____ (Yes) _____ (No)

Department: From _____ To or New Employee _____

Job Title: From _____ To or New Employee _____

Salary: From _____ To or New Employee _____

Step & Range From _____ To or New Employee _____

Program Specialist Approval _____ Date _____

Director Approval _____ Date _____

EMPLOYEE LEAVE OF ABSENCE

Reason for Leave: _____

Leave Start Date: _____ Expected Return Date _____

Human Resources Department

Date Received