**Employee Status Change Form**

Employee Name:

Date: Job Title:

**C­heck One:**

**⁪ Voluntary Quit** Last Day Worked: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**⁪ No Show Quit** Last Day Worked: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**⁪ Layoff/Termination\*** Last Day Worked: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*Employee provided with: DE2320-“For Your Benefit” & “Notice to Terminating Employees” (HIPP notice)

**⁪ Pay Rate Change to: $\_\_\_\_\_\_\_\_\_\_ effective on** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**⁪ Request for Time Off**

**Please note, any time off requests must be approved by Supervisor**

From date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**⁪ Other, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Notes:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Signature Date

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Supervisor Signature Date