



Today's Date: _____

CHANGE OF STATUS

Staff Name: _____ New?

Department: _____ Click to select

Please be advised of the following applicable Payroll/HR Changes

Effective Date of Change: _____

Current Job Title: _____

Current Location: _____

New Job Title: _____

New Location: _____

Current Supervisor: _____

New Supervisor: _____

New Classroom: _____

Work Hours: _____

No. Hours per day: _____

No. Hours per Week: _____

Old Work Phone Number: _____

New Work Phone Number: _____

Old Workspace Location: _____

New Workspace Location: _____

Person completing this form and to contact if there are any questions:

_____ at _____

CONTACT NAME

CONTACT PHONE NUMBER

Distribution: Payroll, HR, IT, Supervisor, Program Officer, CFS Admin., Manager, DD/Chief

Supervisor/Manager Signature