



**Employment Change of Status**

Section 1 – To be filled out by supervisor

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee SSN: \_\_\_\_\_ Current Location: \_\_\_\_\_

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TYPE OF CHANGE: (Check all the apply)**

- Location change
- Assignment change
- Additional Assignments
- Pay Rate Change
- Change in Hours
- Other: \_\_\_\_\_

**NEW CHANGE INFORMATION:**

New/Additional Assignments: \_\_\_\_\_  
Title Change: \_\_\_\_\_ New Location: \_\_\_\_\_

**PAY TYPE:**

- Salary
- Hourly
- Stipend

**PAY FREQUENCY:**

- Bi-weekly
- Other \_\_\_\_\_

**EMPLOYMENT TYPE**

- |   |                       |                       |  |
|---|-----------------------|-----------------------|--|
| <input type="checkbox"/> Part-time          | Hourly rate: _____    | Hours/week: _____     |  |
| <input type="checkbox"/> Full-time          | Salary rate: _____    | Hourly rate: _____    |  |
| <input type="checkbox"/> Contracted         | Hourly rate: _____    | Hours/week: _____     |  |
| <input type="checkbox"/> Substitute         | Hourly rate: _____    | Hours/week: _____     |  |
| <input type="checkbox"/> AmeriCorps         | Total hour req. _____ | Stipend amount: _____ |  |
| <input type="checkbox"/> Temporary/Seasonal | Term Start: _____     | Term End: _____       |  |
|   | Hourly rate: _____    | Hours/week: _____     |  |
| <input type="checkbox"/> Other              | Start date: _____     | End date: _____       |  |
|   | _____                 | _____                 |  |

Employee Signature	Date	Supervisor Signature	Date
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\*\*email completed paperwork to [HR@bgcutah.org](mailto:HR@bgcutah.org) or drop off the paperwork to the HR Director's office\*\*

Section 2 – To be filled out by administrative offices

**EMPLOYMENT AND ACCOUNTING CODES**

Permission Group: _____	Default Branch: _____
Policy Group: _____	Default Department: _____
Title: _____	Group: _____
Grant Name: _____	Allocation: _____
Grant Number: _____	

HR Director Signature	Date	Executive Director Signature	Date
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