

**MAJESTIC MOUNTAIN BOOKKEEPING  
STATUS CHANGE FORM**

EMPLOYEE NAME	HOME CO	EMPLOYEE NUMBER
TITLE	HIRE DATE	EFFECTIVE DATE

**PROPOSED SALARY CHANGE INFORMATION**

PREVIOUS SALARY _____ PER _____ HOUR _____ MONTH _____ YEAR
NEW SALARY _____ PER _____ HOUR _____ MONTH _____ YEAR
LAST REVIEW DATE _____ NEXT REVIEW DATE _____

**EMPLOYEE STATUS CHANGE**

<input type="checkbox"/> PROMOTION <input type="checkbox"/> TITLE <input type="checkbox"/> TRANSFER <input type="checkbox"/> SUPERVISOR CHANGE <input type="checkbox"/> OTHER	
PREV CO	NEW CO
PREV SUPERVISOR	NEW SUPERVISOR
PREV STATUS (FT or PT)	NEW STATUS

**TERMINATION INFORMATION**

<input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISCHARGE <input type="checkbox"/> LAY OFF <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DISABILITY <input type="checkbox"/> DEATH	
REHIRE CONSIDERATION <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE	LAST DAY WORKED
REMAINING VACATION	SEVERANCE PAY

**EMPLOYEE INFORMATION / ADDRESS CHANGE**

LAST NAME      FIRST      MIDDLE	HOME PHONE NUMBER
	EMERGENCY CONTACT NUMBER
	CONTACT PERSON
STREET ADDRESS	CITY                  STATE                  ZIP

**LEAVE OF ABSENCE**

LEAVE EFFECTIVE DATE	RETURN DATE	REINSTATEMENT DATE
REMAINING VACATION	REMAINING SICK	LOA REASON

**REMARKS**

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**APPROVALS**

NAME: PLEASE PRINT	SIGNATURE	DATE
SUPERVISOR		
HR		
PR		