

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

APPROVALS

NAME: PLEASE PRINT	SIGNATURE	DATE
SUPERVISOR		
HR		
PR		