

**Center for Social Change, Inc.**

**Change Notification Form**

Effective 04/01/2013 (supersedes all previous versions)

This form is to be used to request and document a change in employment status or work assignment. Note: changes should not be discussed with the affected employee prior to this form being signed by the Executive Vice President/Chief Operating Officer since the changes will not be considered approved until it contains their signatures.

Last Name	First Name	Employee #	Hire Date

FROM

TO

**WORK LOCATION:**

\_\_\_\_\_

**SUPERVISOR:**

\_\_\_\_\_

**SHIFT LETTER**

**(RES/SE programs):**

\_\_\_\_\_

**JOB TITLE:**

\_\_\_\_\_

**HOURS/BENEFITS:**

\_\_\_\_\_

**PAY RATE:**

\_\_\_\_\_

The reason for the change is (check appropriate box from selection below):

Promotion

Resignation

Demotion

Retirement

Transfer

Layoff

Merit Increase

Discharge

Wage Scale Change

Other

Provide Comments: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Programs Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Representative Upon Filing

\_\_\_\_\_  
Date