

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