TM Status Change Form

TM Name: _____

Effective Date of Change

☐ Immediately (current payroll period)
☐ Beginning payroll period date _____

Changes/Updates:

☐ Job Title/Position: _____ (current) to _____ (new)

☐ Direct Supervisor: _____ (current) to _____ (new)

☐ GL Site/Department: _____ (current) to _____ (new)

☐ Work Location: _____ (current) to _____ (new)

☐ Hourly Rate/Salary: _____ (current) to _____ (new)

☐ Employment Status (check one): ☐ FT ☐ PT

☐ Employment classification (check one): ☐ Non-Exempt (Hourly) ☐ Exempt (Salary)

☐ Other changes (direct reports, access/permissions, keys, equipment, etc.):

_____
_____
_____
_____
_____

Direct Supervisor: _____ (Name) _____ (Signature) _____ (Date)

Department Manager: _____ (Name) _____ (Signature) _____ (Date)

Director: _____ (Name) _____ (Signature) _____ (Date)

Please submit directly to HR for changes/updates. All changes will be processed prior to the payroll check date of the effective payroll period.

Rate/Salary, Employment Status, and Employment Classification changes must be approved by Director, unless otherwise included in the TM's Offer of Employment.