



EE STATUS CHANGE

ATTN: HRstatuschange@cdlex.org or HRtransfers@cdlex.org

EE Last Name: _____ EE First Name: _____

EE ID: _____ Location: _____

Current Job Title: _____

Supervisor: _____

Action:

- Status Change (FT/PT/Seasonal)
- Change of Pay
- Transfer (Requires BOTH Supervisor Signatures)
- Multiple Position (Requires ALL Supervisor Signatures)

Required Information:

Effective Date: _____ New Job Title: _____

New/Secondary Rate of Pay: _____ Per: Hour / Day / Salary

New Location/Department: _____ Dept. # _____

New Status: _____ Current YTD Vacation: _____

Anticipated Hours Per Week (MARK ONLY ONE)

- _____ Less than 20 hours (not benefit eligible)
- _____ 20 to 25 hours (60%)
- _____ 26 to 29 hours (70%)
- _____ 30 to 33 hours (80%)
- _____ 34 to 37 hours (90%)
- _____ 37.5+ hours (100%)

PTO BASED ON WORK DAY: 7.5 hours _____ or 8 hours _____

IS THE POSITION SEASONAL: Yes _____ or No _____

Supervisor Signature (Outgoing): _____ Date: _____

Supervisor Signature (Incoming): _____ Date: _____