



**EE STATUS CHANGE**

ATTN: [HRstatuschange@cdlex.org](mailto:HRstatuschange@cdlex.org) or [HRtransfers@cdlex.org](mailto: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: \_\_\_\_\_