# Life Center, Inc.
# Employee Status Change Report

Effective Date

Employee Name

Program Name

Evaluation Date

Program Number

## Reason For Change

| | |
|---|---|
| _____Full Time | _____Transfer |
| _____Part Time | _____Demotion |
| _____Hired | _____Promotion |
| _____Resigned | _____Merit Increase |
| _____Layoff | _____Wage Enhancement |
| _____Discharge | _____Rate Change |
| _____Suspension | _____Personal Time |
| _____FMLA Leave | _____Vacation Time |
| _____Workers Compensation | _____Other |

Present Rate

New Rate

Present Classification

New Classification

**APPROVED**

Supervisor Date

**APPROVED**

Assoc./Exec. Dir. Date