



# EMPLOYEE STATUS AND CHANGE RECORD

PRINT IN INK OR TYPE

EMPLOYEE # \_\_\_\_\_

## GENERAL

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME	DATE PREPARED
DATE OF BIRTH	ADDRESS (STREET AND NUMBER)		CITY	STATE
COST CENTER (USE FULL 7 OR 8 DIGIT NUMBER)		CREW NUMBER	STATE NUMBER (CIRCLE ONE) 01 N. CAROLINA 02 S. CAROLINA	
EEOC CODE <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> HISPANIC/LATINO (WHITE RACE ONLY) <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO (ALL OTHER RACES) <input type="checkbox"/> OTHER NON-WHITE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMPLOYMENT REASON <input type="checkbox"/> REGULAR <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> PT TEMP <input type="checkbox"/> OCCASIONAL	
<input type="checkbox"/> NEW <input type="checkbox"/> REHIRE	DATE OF HIRE/REHIRE	HOURLY RATE	WEEKLY RATE	SEMI-MONTHLY RATE
CRAFT DESCRIPTION		CRAFT NO.	PAY GRADE	OVERTIME PAY STATUS <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> EXEMPT

## TYPE OF CHANGE

REASON	<input type="checkbox"/> CRAFT CHANGE	<input type="checkbox"/> PAY CHANGE	<input type="checkbox"/> OJT ENROLLEE	<input type="checkbox"/> COST CENTER CHANGE
	<input type="checkbox"/> EMPLOYMENT STATUS CHANGE	<input type="checkbox"/> ADDRESS/PHONE CHANGE	<input type="checkbox"/> OTHER (EXPLAIN IN REMARKS AREA)	<input type="checkbox"/> CREW CHANGE

## GENERAL INFORMATION CHANGES

EFFECTIVE DATE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	COST CENTER	STATE CODE	CREW NO.	EMPLOYMENT REASON <input type="checkbox"/> REGULAR <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> PT TEMP <input type="checkbox"/> OCCASIONAL	
ADDRESS (STREET & NO.)			CITY	STATE	ZIP CODE	
OVERTIME PAY STATUS <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> EXEMPT	CRAFT DESCRIPTION	PHONE NUMBER	CRAFT CODE	PAY GRADE		

## PAY CHANGES

REASONS	(1) <input type="checkbox"/> MERIT INCREASE	(3) <input type="checkbox"/> RECLASSIFICATION	(5) <input type="checkbox"/> PROMOTIONAL INCREASE	PAY PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEMI-MONTHLY		
	(2) <input type="checkbox"/> EMPLOYMENT STATUS CHANGE	(4) <input type="checkbox"/> OJT STEP INCREASE	(6) <input type="checkbox"/> COMBINATION OF <input type="checkbox"/> AND <input type="checkbox"/>			
OLD RATE	<input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY	CURRENT QUARTILE	AMOUNT OF CHANGE	EFFECTIVE DATE	PAY GRADE	PERCENT CHANGE
NEW RATE	<input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY	PROPOSED QUARTILE	AMOUNT OF CHANGE	EFFECTIVE DATE	PAY GRADE	PERCENT CHANGE

## EMPLOYMENT STATUS CHANGES

REASON	<input type="checkbox"/> TERMINATION	<input type="checkbox"/> VOLUNTARY RESIGNATION	<input type="checkbox"/> DEATH	EXIT INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DO NOT REHIRE <input type="checkbox"/> TERM'D. ELIGIBLE FOR REHIRE	DATE TERMINATED
LAYOFF	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	STARTING DATE	RECALL DATE	LEAVE OF ABSENCE	STARTING	ENDING

PAYROLL REMARKS / TERMINATION REASON

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COMMENTS OR PERFORMANCE REVIEW

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## APPROVALS

INITIATED BY: FOREMAN/SUPERINTENDENT	DATE	PERSONNEL/EEO MONITOR	DATE
RECOMMENDED BY: SUPERINTENDENT/AREA CONSTRUCTION MANAGER	DATE	COMMITTEE APPROVAL	DATE
APPROVED BY: AREA CONSTRUCTION MANAGER/VICE PRESIDENT	DATE	APPROVED EFFECTIVE DATE	