

LUZERNE COUNTY EMPLOYEE CHANGE OF STATUS FORM

HUMAN RESOURCES INFORMATION

New Employee

Existing Employee

Name _____ Employee Number _____ Effective Date _____

Job Title _____ Department _____

(Complete for New Employees Only)

Regular Temporary Seasonal Per Diem // Full Time Part Time // Union Non-Union // Exempt Non-Exempt

Address _____ City _____ Zip _____ State _____

Telephone # _____ SS# _____

Race (for EEOC purposes only): White Black Hispanic Asian Other

Annual Salary _____ Hourly Rate _____ Bi-weekly Hours _____ Date of Hire _____

(Complete for Existing Employees Only)

CATEGORY OF CHANGE

(Check all changes that apply and complete "From/To" Section below):

Position Title Hours of Work Transfer Exempt/Non-Exempt Salary/Wages Promotion
 Demotion Suspension Health Care Deduction

Termination (__ Voluntary Resignation __ Retirement __ Layoff __ w/cause __ w/o cause)

Leave of Absence (__ with pay __ without pay // From _____ To _____)
(__ FMLA __ Military __ Worker's Comp. __ Personal Leave)

Personal Info (__ Name __ Address __ Phone __ Municipality Code)

Other _____

FROM

TO

Explanation of Change: _____

AUTHORIZATION (Per Authorization Schedule)

Payroll Clerk _____ Date _____

Department Manager _____ Date _____

Human Resources Director _____ Date _____

County Manager/Chief Clerk _____ Date _____

Board of Commissioners Approval Date _____