

PINAL COUNTY – HUMAN RESOURCES DEPARTMENT

EMPLOYEE STATUS CHANGE FORM

(THIS FORM IS NOT TO BE USED FOR NEW HIRES, PROMOTIONS OR TRANSFERS)

1. Status Change Effective Date:	2. Department Name/Contact Person/Extension
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EMPLOYEE INFORMATION:

3. (Employee Number)	4. Last Name:	5. First Name:	6. Middle Initial:
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CHANGE REASON: (MUST ATTACH SUPPORTING DOCUMENTATION.)

7. End of Probation: <input type="checkbox"/>	8. Probation Extended: <input type="checkbox"/> Through: _____ (Provide reason below.)	9. Leave of Absence (LOA): <input type="checkbox"/> FMLA: <input type="checkbox"/> Military: <input type="checkbox"/>		10. Return from LOA Date: _____
11. Involuntary Termination: <input type="checkbox"/> Disciplinary: Yes <input type="checkbox"/> No <input type="checkbox"/> Medical: Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Probation Termination: <input type="checkbox"/> Disciplinary: Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Yes <input type="checkbox"/> No <input type="checkbox"/>	13. Leave Without Pay Yes <input type="checkbox"/> No <input type="checkbox"/> Administrative Leave With Pay Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Resignation: Yes <input type="checkbox"/> No <input type="checkbox"/> Resignation in Lieu of Disciplinary Termination: Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Retirement: <input type="checkbox"/> ASRS: Yes <input type="checkbox"/> No <input type="checkbox"/> PSPRS: Yes <input type="checkbox"/> No <input type="checkbox"/> CORP: Yes <input type="checkbox"/> No <input type="checkbox"/>
16. What was the Employee's last physical day at work? (If different than above)		17. Date:	18. Hour:	

POSITION/DEPARTMENT CHANGE: (MUST ATTACH SUPPORTING DOCUMENTATION.)

19. Demotion: <input type="checkbox"/> Involuntary: <input type="checkbox"/> Voluntary: <input type="checkbox"/>	20. Cost Center Change <input type="checkbox"/>	21. Reclassification: <input type="checkbox"/>	22. Salary Change: <input type="checkbox"/>
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FROM (FORMER POSITION INFORMATION):

23. Depart. Name:	24. Fund #:	25. Depart. #:	26. Position #:	27. Job Type #:	28. Pay Grade #:	29. Step #:	30. Salary \$
31. Employee Status: Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Temporary: <input type="checkbox"/>			32. Title:			33. Supervisor:	

TO (NEW POSITION INFORMATION):

34. Depart. Name:	35. Fund #:	36. Depart. #:	37. Position #:	38. Job Type #:	39. Pay Grade #:	40. Step #:	41. Salary \$
42. Employee Status: Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Temporary: <input type="checkbox"/>			43. Title:			44. Supervisor:	

COMMENTS:

Appointing Authority certifies that this action conforms with all applicable Policies, Procedures and related Merit Rule provisions.

Employee Supervisor	Date	Elected Official/Assistant County Manager/County Manager	Date
Department Director	Date	Budget Office Representative	Date
Human Resources Director	Date	Employee	Date
HR ONLY: County Rehirable: Yes <input type="checkbox"/> No <input type="checkbox"/> Department Rehirable: Yes <input type="checkbox"/> No <input type="checkbox"/>		HRIS Entered By:	Date: