

EMPLOYEE CHANGE NOTICE

Name _____ Employee No. _____ Date Effective _____ Date _____
Department _____ Job Classification _____
Account No. _____ Grade _____ Parking Space No. _____
Starting Salary: _____

- New Employee
- Rehire
- Grade Change
- Transfer of Departments From _____ To _____
- Rate Change _____ From _____ To _____
- Leave of Absence _____ From _____ To _____

TERMINATION:

- Registration
- Lay-off
- Discharged
- Other

Remarks: _____

Rehire _____ Yes _____ No

Rating:

	Excellent	Good	Fair	Poor
Job Knowledge _____	_____	_____	_____	_____
Attendance _____	_____	_____	_____	_____
Cooperation _____	_____	_____	_____	_____

Approved _____
Personnel Manager

Supervisor

Comments: _____

