

EMPLOYEE STATUS CHANGE FORM

Employee Name :
 Employee ID :
 Position :
 Division :
 Work Location :

EMPLOYMENT STATUS						
Employment Status		Start Date	End Date	Job Title	Dept./Div.	Location
New Hire						
Temporary:						
Replacement:						
Outsourced:						
Internship						
Daily Worker						

CLASSIFICATION OF CHANGES				
Type of Change		From	To	Effective
Status :		Title/Grade:		
Transfer:		Dept/Loc:		
Promotion:		Grade:		
Job Responsibility:		Title/Dept:		
Resignation:		Notice date:		
Demotion:		Notice date:		
Leave of Absence:		Notice date:		
Dismissal:		Notice date:		
Other:		Explain:		

To Be Completed by Respected					
New Entitlement					HR Review
	Yes	No	Effective	Remark	
Salary Adjustment					
Job Allowance					
Incentive					
Overtime					
Phone Voucher					
Other:					

VERIFICATION AND APPROVAL OF CHANGES			
Prepared by	Verified by	Endorsed by	Approved by