



## CITY OF BERKLEY MICHIGAN EMPLOYEE STATUS CHANGE FORM

<b>DEPARTMENT:</b>		<b>Date:</b>	
<b>EMPLOYEE NAME</b> <i>(Last, First, Middle):</i>			
<b>Address:</b>			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<b>Home Phone:</b>		<b>**Email:</b>	
<b>Birthdate:</b>	<b>SSN:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced

**CURRENT STATUS:** Finance Department Use only: This is  is not  a budgeted position (initials) \_\_\_\_\_

<input type="checkbox"/> New Hire	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal	<b>Effective Date:</b>
<input type="checkbox"/> Replacement for:					

**NEW STATUS:**

<b>Type of Change</b>	<b>Termination</b>	
<b>Effective Date:</b>	<b>Effective Date:</b>	<b>Last Day Worked:</b>
<input type="checkbox"/> Rate/Salary	<input type="checkbox"/> Voluntary	<b>Pay Up to &amp; Including</b>
<input type="checkbox"/> Promotion <input type="checkbox"/> Demotion	<input type="checkbox"/> Involuntary	<b>Payroll Use Only</b>
<input type="checkbox"/> Transfer	<i>*Provide details in REMARKS section below.</i>	

Status	Job Title	Department	Rate
<b>New</b>			
<b>Present</b>			

**LEAVE OF ABSENCE: *(for extended leave only)***

<b>Type of Leave</b>	<b>Period of Absence</b>
<input type="checkbox"/> Layoff <input type="checkbox"/> Educational	<b>From:</b> _____ <b>Returning on:</b> _____
<input type="checkbox"/> FMLA <input type="checkbox"/> Military	
<input type="checkbox"/> Leave without pay	
<input type="checkbox"/> Other (*describe in remarks section below)	

**ACCRUED TIME BALANCES: (PAYROLL use ONLY - for Leave of Absence request, retirement or employee separations)**

Annual:	Sick:	Personal:	Comp:
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**REMARKS:** *(Maximum 185 characters. Attach additional pages if required)*

**Employee Acknowledgement:** *The signature below indicates the employee is aware of this pending status change.*

\_\_\_\_\_  
*Employee Signature* \_\_\_\_\_  
*Date*

**APPROVALS:**

\_\_\_\_\_  
*Department Director's Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*City Manager's Signature* \_\_\_\_\_  
*Date*