



City of Berkley Michigan Employee Status Change Form

Employee Name:	Employee ID Number:	Effective Date:
Department:		Current Job Title:
Current Status: Full Time Part Time Seasonal Other:		

Status Change: Fill out additional information below based on status change requested Hire Termination Leave of Absence Rate Change Promotion/Transfer	
New Hire: Rate of Pay: Direct Supervisor:	Termination: Voluntary Involuntary Last Date Worked: Reason:
Leave of Absence: Type: Expected Date of Return:	Rate Change: Reason: New Rate of Pay:
Promotion/Transfer: New Job Title: New Department: New Rate of Pay:	

Comments:

Required Signatures (by signing below the Department Head acknowledges the employee has been informed of the status change):

Department Head

Date

Human Resources

Date

City Manager

Date

Processed By:	Payroll	Tech Services	Human Resources
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