44 Washington Avenue

Schenectady, NY 12306

Phone: 518.366.3395

Fax: 518.374.3385

Employment Status Form

Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Martial Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status (check all that apply)  Initial Employment Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| UPK | Regular FT (37-40 hours) \_\_\_\_\_\_\_\_\_\_ | Exempt | Termination |
| On Call \_\_\_\_\_\_\_\_\_\_\_\_\_ | Regular PT (20-36 hours) \_\_\_\_\_\_\_\_\_\_ | Non- Exempt | Resignation |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Part Time (<20 hours) \_\_\_\_\_\_\_\_\_\_\_\_ | Rehire | Salary Increase |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Temporary | New Hire | New Job Title |
| Leave of Absence | Casual |  | Change of hours |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Hire: |  | Previous Salary: |  | Annual |
|  |  |  |  |  |
| Job Title: |  | New Salary: |  | Annual |
|  |  |  |  |  |
|  |  | First paycheck received on: |  | |
|  |  |  |  | |
| Program Director: |  | Covering Period from: | To | |
| Department: |  | Last Paycheck received on: |  | |
|  |  |  |  | |
| Salary Range: |  | Effective Date of Change |  | |
|  |  |  |  | |

**The above information was discussed with me and I have received a copy of my status form.**

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received by Human Resources\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received by Payroll\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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