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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rev 5/16