



44 Washington Avenue
Schenectady, NY 12306
Phone: 518.374.3386
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Employment Status/Change Form

Check the appropriate box: Change of Status New Employee

Employee _____
Last First Middle

Address _____
Street City State Zip

Home Telephone _____ Cell Phone _____

Birthdate _____ Marital Status _____ Social Security # _____

In Case of Emergency: _____ Phone: _____

Status (check all that apply) Initial Employment Period _____ to _____

- On Call _____ Regular FT (37-40 hours) Exempt Termination
- Other _____ Regular PT (30-36 hours) _____ Non- Exempt Resignation
- Other _____ Part Time (20-29 hours) _____ Rehire Salary Increase
- Other _____ Casual (>20 hours) _____ New Hire New Job Title
- Leave of Absence Temporary _____ 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/change form.

Employee Signature _____ Date _____

Human Resources Director _____ Date received by Payroll _____

For Change only:

Employee Signature _____ Date _____

Program Director Signature _____ Date _____

CEO Signature _____ Date _____

Date received by Human Resources _____ Date received by Payroll _____