Change of Status/Information

Name:_____Date:_____

EFFECTIVE DATE OF CHANGE:_____

Type of Change:

Demographic Information:

____Address ____Name ____Phone Number

Details:_____

_____

_____

Employment Status:

____ Full- time to Part-time ____ Part-time to Full-time

____Active to Inactive ____Inactive to Active

____Restricted to Non-restricted (medically)

____Non-restricted to restricted (medically)

____Employed to Unemployed

____ Voluntary

____ Involuntary

Rate of Pay Change:

Reason: ____Raise ____Correction

Rate from_____to_____

Position Change:

Addition(A)/Deletion(D) of a position:

____Homemaker

____PCA

____Supervising RN

____Support Staff

____Administration

Change of Position:

Change from_____to_____

Approved By:_____

Printed Name Position with AKI Signature Date

Updated to: _____Personnel File _____Paychex _____DB _____DHS _____CC: Robyn/QP

_____On Call Book

All above information is to be considered confidential
and is to be treated in accordance with agency policy.