

EMPLOYEE STATUS REPORT

Effective Date: _____

Name: _____ **Employee #** _____

Station: _____

Current Position: _____ **Pay rate:** _____

() New Employee – Date: _____	() No Work – Date: _____
() Transfer – Date: _____	() Promotion – Date: _____
() Absence – Date: _____	() Illness – Date: _____
() Merit Increase – Date: _____	() Resigned – Date: _____
() Discharged – Date: _____	() Other – Date: _____

Salary Change

Date of Last Increase: _____ Position: _____

Old Rate: _____ New Rate: _____

If termination, please note if commission is to be paid: _____ Yes _____ No

If employee is terminated or resigns, summarize the action taken under comments and have employee sign this form.

Comments:

Manager's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Approved by: _____ Date: _____

**THIS FORM MUST BE COMPLETED AND FILED WITH THE OFFICE IMMEDIATELY UPON
RELEASE OF THE EMPLOYEE.**