# IPW,INC.

## Employee Status Change

|  |
| --- |
| Employee Profile |
| Employee Name: |            | Social Security #: |            |
| Date: |            | Date Effective: |            |
|  |  |  |  |
| Employment Changes |
| New Hire: | [ ]  | Job Title: |            | Department: |            |
| Rehire: | [ ]  | Job Title: |            | Department: |            |
| Temporary: | [ ]  | Start Date: |       | End Date: |       | Department: |            |
| Replacement: | [ ]  | Start Date: |       | End Date: |       | Department: |            |

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| --- |
| Classification Changes |
| Change |  |  | Old Information | New Information |
| Transfer: | [ ]  | Title/Dept: |            | Title/Dept: |           |
| Promotion: | [ ]  | Title/Dept: |            | Title/Dept: |           |
| Demotion: | [ ]  | Title/Dept: |            | Title/Dept: |           |
| Title: | [ ]  | Title/Dept: |            | Title/Dept: |           |
| Shift: | [ ]  | Shift: |            | Shift: |           |
| Location: | [ ]  | Location: |            | Location: |           |
| Salary: | [ ]  | Salary: |            | Salary: |           |
| Status: | [ ]  | Status: |            | Status: |           |
| Other changes:                                                                                           |
| Notice Of COBRA Rights? |            | Date Provided: |            |
| Election Of COBRA? |            | Date Started: |            |

|  |
| --- |
| Additional Compensation/Benefits Information |
| Please List Any Additional Changes in Compensation or Benefits:                                                             |
| Please List Any Other Changes Not Listed Above:                                                             |

|  |
| --- |
| Verification of Changes |
| Approved By: |  |
| Signature |  | Date |
|  |  |