

EMPLOYEE STATUS CHANGE FORM

Employee Name: _____

Date: _____

Employee Number: _____ Current Job Number: _____ Current Position: _____

Type of Change Change of Address Change in Job Title Leave of Absence Termination
 Transfer Re-Hire Work Related Injury

Change of Address Old Address: _____ Phone () _____
New Address: _____ Phone () _____
Date Effective: _____

Transfer From Job Number: _____ To Job Number: _____ Date Effective: _____

Change in Job Title New Position: _____ Date Effective: _____

Re-Hire Date of Re-Hire: _____ Position: _____
Last Date Worked at HCC: _____ Last Job Worked On: _____

ALL LEAVE OF ABSENCES MUST HAVE PRIOR APPROVAL BY SAFETY MANAGER.

Leave of Absence Reason for Leave: _____
Last Date Worked: _____ Estimated Return Date: _____

TIME OFF DUE TO A WORK RELATED INJURY MUST HAVE PRIOR APPROVAL BY SAFETY MANAGER. REPORT IMMEDIATELY!

Work Related Injury Date of Incident: _____
First Date Off Work: _____ Estimated Return Date: _____

Termination Last Date Worked: _____
 FIRED Reason: _____
 QUIT State Reason, if known: _____
Was work available for this employee? Yes _____ No _____
 LAID OFF Was work available for this employee? Yes _____ No _____

Signature

Date

Fax this form to Payroll (816) 233-1185.

FORM: EMPLOYEE STATUS CHANGE 5/2006