



Employee Status Update

I. To Be Completed by Manager or Supervisor

Reason for Change :						
<input type="checkbox"/> Annual Review	<input type="checkbox"/> Wage Rate Change	<input type="checkbox"/> Position Change	<input type="checkbox"/> Rehire	<input checked="" type="checkbox"/> Info Update	*Proceed to Part II	
Employee Name :			Position :			
Direct Supervisor :			Location :			
Status: <input type="checkbox"/> Salaried	<input type="checkbox"/> Hourly	Job Class: <input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal	*	
Current Wage :	New Wage :	Effective: ___/___/___	*End Date: ___/___/___			
Estimated Average Hours per Week : _____ Estimated Annual Hours : _____**						
Regularly Scheduled Hours (if applicable) :						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Part-Time & Seasonal positions cannot be scheduled more than 1,560 hours annually						
**Employees working over 1,000 hours a year are require to contribute 4.5% of gross wages to IMRF Pension Plan						

Dept. Manager Signature: _____ Date: ___/___/___

Administrative Signature: _____ Date: ___/___/___

II. To Be Completed by Employee (only complete if changes are necessary)

Please enter your NAME exactly as it appears on your Social Security card						
Last Name :		First Name :		Middle Initial :		
Home Address :			Apt/Unit# :	City :	State :	Zip Code :
Mailing Address (if different from above) :			Apt/Unit# :	City :	State :	Zip Code :
Primary Phone:		Other Phone :		E-mail Address :		
Preferred Payment Method : <input type="checkbox"/> Manual Paycheck <input type="checkbox"/> Direct Deposit (must complete additional form)						
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
Emergency Contact 1:		Relation to Staff :		Phone :		
Emergency Contact 2:		Relation to Staff :		Phone :		

Employee Signature: _____ Date: ___/___/___