



City of Mishawaka
Department of Human Resources
Change of Status Form

Name of Employee _____ Department _____

Social Security No. _____

1. Type of Action:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Pay Increase |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Pay Decrease |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Death | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Other _____ |

| ITEM | PRESENT STATUS | PROPOSED STATUS |
|------|----------------|-----------------|
|------|----------------|-----------------|

- | | | |
|-------------------------------|-------|-------|
| 2. Job Classification | _____ | _____ |
| 3. Pay Range | _____ | _____ |
| 4. Salary or Wage Rate | _____ | _____ |
| 5. Department | _____ | _____ |
| 6. Effective Date | _____ | _____ |

7. Remarks *(Explain action noted in #1 above; if termination of any kind, note last day at work and last date of pay including paid vacation time)*

8. Requested By: _____ Date _____

9. Approved By: _____ Date _____

Department Head

_____ Date _____

Department of Human Resources

10. Employee's Signature: _____ Date _____

I have been informed of the action noted above. This signature does not necessarily mean I approve.

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