

COMMUNITY ACTION, INC. OF CENTRAL TEXAS
Request for Change of Status Form
(To be completed by supervisor requesting the change)

*In order to process change of status requests in a prompt and orderly manner, please complete all information requested below. If an item does not apply please mark "N/A". If an item requested will not be affected by the change request please mark "SAME". **DO NOT LEAVE BLANKS.***

Employee Name _____

Effective Date _____

New Funding Codes (if more than one please specify %'s) _____

Worksite(s) _____

Supervisor(s) _____

¹Job Title(s) _____

²New Rate of Pay (hourly salary) _____

New Hours: _____ Weekly Biweekly

Wks a Year _____ Please choose one: Exempt Non-Exempt

Status (30 hrs/weekly and above is FT) _____ < _____ >

Is 90 Day Performance Appraisal Period required? YES NO
(New jobs require a 90 day performance appraisal period)

Reason for Change of Status Request: (ie: replacement, change in hrs, new work location)

Additional Comments: _____

¹Any changes in Job Title (ie., title change or additional job duties) must be accompanied by a current, original signed job description.

²Salary increases due to continuing education accomplishments must be accompanied by supporting documentation (ie., copies of transcripts, certificate, diploma)

Forward the completed request to the PROGRAM DIRECTOR.

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<hr/> Supervisor Requesting Change	<hr/> Program Director's Signature
<hr/> Date	<hr/> Date