

NOTICE OF CHANGE IN EMPLOYMENT RELATIONSHIP

Date: _____ Employee Name: _____ Last 4 of SSN: _____

Effective Date of Change(s): _____

Select all changes that apply:

- Compensation Change
- Corrective Action
- Demotion
- Job Accommodation
- Leave of Absence
- Probation
- Promotion
- Role/Position Change
- Suspension
- Termination
- Other: _____

Comments/Notes (optional): _____

I acknowledge that I have received this Notice of Change in Employment Relationship.

Print Employee Name Employee Signature Date

To Be Completed by the Supervisor Presenting this Notice

Select one of the following:

- This Form was presented in person and was signed by the employee.
- This Form was presented in person and was not signed by the employee.

Date Presented: _____ Name of Supervisor Presenting: _____

- Employee did not return to work and the notice was mailed to the employee's last known address.

Print Name Title Signature Date