

**Town of Halifax**  
**EMPLOYEE CHANGE OF STATUS REPORT**

Today's Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 MM/DD/YYYY MM/DD/YYYY

NAME \_\_\_\_\_

DEPARTMENT/POSITION: \_\_\_\_\_

Original Hire Date: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_  
 MM/DD/YYYY MM/DD/YYYY

Hire Date of current position: \_\_\_\_\_  
 MM/DD/YYYY

Job	FROM Grade	Step	Rate

Job	TO Grade	Step	Rate

**REASON FOR CHANGE:**

- |   |  |
|---|--|
| <input type="checkbox"/> New Hire         | <input type="checkbox"/> Length of Service Increase      |
| <input type="checkbox"/> Re- hired        | <input type="checkbox"/> Re-evaluation of Existing Job   |
| <input type="checkbox"/> Promotion        | <input type="checkbox"/> Resignation                     |
| <input type="checkbox"/> Demotion         | <input type="checkbox"/> Retirement                      |
| <input type="checkbox"/> Transfer         | <input type="checkbox"/> Layoff                          |
| <input type="checkbox"/> Merit Increase   | <input type="checkbox"/> Termination                     |
| <input type="checkbox"/> Reclassification | <input type="checkbox"/> Other (include specifics below) |
| <input type="checkbox"/> COLA             |  |

LEAVE OF ABSENCE EFFECTIVE \_\_\_\_\_ THROUGH \_\_\_\_\_

Other Reason or Explanation: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Approved by: \_\_\_\_\_

ORIGINAL TO W & P ----- COPY TO ACCOUNTANT & TREASURER