# Homespace Corp

## Employee Status Change

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| Employee Profile |
| Employee Name: |  | Social Security #: |  |
| Date: |  | Date Effective: |  |
|  |  |  |  |
| Employment Changes |
| New Hire: | [ ]  | Job Title: |  | Department: |  |
| Rehire: | [ ]  | Job Title: |  | Department: |  |
| Temporary: | [ ]  | Start Date: |  | End Date: |  | Department: |  |
| Replacement: | [ ]  | Start Date: |  | End Date: |  | Department: |  |

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| Classification Changes |
| Change |  |  | Old Information | New Information |
| Transfer: | [ ]  | Title/Dept: |  | Title/Dept: |  |
| Promotion: | [ ]  | Title/Dept: |  | Title/Dept: |  |
| Demotion: | [ ]  | Title/Dept: |  | Title/Dept: |  |
| Title: | [ ]  | Title/Dept: |  | Title/Dept: |  |
| Shift: | [ ]  | Shift: |  | Shift: |  |
| Location: | [ ]  | Location: |  | Location: |  |
| Salary: | [ ]  | Salary: |  | Salary: |  |
| Status: | [ ]  | Status: |  | Status: |  |
| Other changes: |
| Notice Of COBRA Rights? |  | Date Provided: |  |
| Election Of COBRA? |  | Date Started: |  |

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| Additional Compensation/Benefits Information |
| Please List Any Additional Changes in Compensation or Benefits: |
| Please List Any Other Changes Not Listed Above: |

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| Verification of Changes |
| Approved By: |  |
| Signature |  | Date |
|  |  |