



Integrity ~ Service ~ Innovation

PERSONNEL STATUS CHANGE FORM		
<b>Employee Name</b> Fadden	Jennifer	M
Last	First	MI
CHANGE REQUESTED		
<b>Effective Date</b> 03/02/15	<b>Hire Date</b> 03/02/09	<b>Date of Next Evaluation</b> 03/02/16
<input type="checkbox"/> New Hire <input type="checkbox"/> Promotion <input type="checkbox"/> Reclassification <input type="checkbox"/> Other _____ <input type="checkbox"/> Rehire <input type="checkbox"/> Transfer <input type="checkbox"/> Temporary Assignment <input checked="" type="checkbox"/> Merit Increase Give Review Date 4-21-15 <input type="checkbox"/> Demotion <input type="checkbox"/> Voluntary <input type="checkbox"/> Disciplinary <input type="checkbox"/> Non-Disciplinary <input type="checkbox"/> Suspension From _____ To _____ Hours                      Pay Change <input type="checkbox"/> Increase _____% <input type="checkbox"/> Decrease _____% <input type="checkbox"/> Termination/Resignation <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____		
PROPOSED CHANGE		
From	To	
Position Title _____	Position Title _____	
Department _____	Department _____	
Pay Grade _____	Pay Grade _____	
Salary     \$ 167,416.08     \$ 6,439.08     \$ 80.49	Salary     \$ 172,136.90     \$ 6,620.65     \$ 82.76	
Annual                      Biweekly                      Hourly	Annual                      Biweekly                      Hourly	
Dept Position is funded by: Fund # _____ Dept # _____ Program # _____	Dept Position is funded by: Fund # _____ Dept # _____ Program # _____	
Incentives    Type _____ Rate \$ _____	Incentives    Type _____ Rate \$ _____	
Other _____	Other _____	
<b>Change Justification/Comments</b> See attached contract.		
WORK STATUS		
<b>Employment Status</b> <input type="checkbox"/> Probationary <input type="checkbox"/> Regular <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Labor Pool		
<b>Work Hours</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours/week		
AUTHORIZATION		
Employee Signature	Date 5/14/15	
Department Director/Designee _____	Date _____	
City Manager/Designee _____	Date _____	

\*Department should send form to Human Resources. Human Resources will send electronic copy of fully signed document to department and employee upon completion of payroll processing.

Revised March 2013