

The County of Elk
******* Change of Status *******

Employee Name: _____ Effective Date: _____

Job Title: _____ Department: _____

Rate of Pay: _____ Check one: ☐ Full-Time ☐ Part-Time

Grade & Step: _____

Reason for Change:

- | | | | |
|---|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Hire | <input type="checkbox"/> Rehire | <input type="checkbox"/> Resignation | <input type="checkbox"/> Personal Request |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Transfer | <input type="checkbox"/> Retirement | <input type="checkbox"/> Leave of Absence** |
| <input type="checkbox"/> Return to Work | <input type="checkbox"/> Lay-off* | <input type="checkbox"/> Discharge* | <input type="checkbox"/> Temporary Disability** |
| <input type="checkbox"/> Satisfactory Completion of Probation | | <input type="checkbox"/> Other _____ | |

Lay-Off or Discharge

Please complete the following information.

Last Day Worked ____/____/____

Reason for discharge or Lay-off _____

****Temporary Disability or Leave of Absence****

Please complete the following information.

Type: _____

Date(s): From ____/____/____ to ____/____/____

Restrictions: _____

Comments: _____

Dept/Court Authorization: _____ Date: _____

Chief Clerk Acknowledgment: _____ Date: _____

Commissioners Acknowledgment: _____/_____/_____ Date: _____

HR Acknowledgment: _____ Date: _____

Payroll Acknowledgment: _____ Date: _____

**Please forward this form to the Chief Clerk for Commissioners' Acknowledgment before
employment start date.**