

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: _____ Check one: Union position Non-Union Position

Reason for Change:

- Hire Rehire Resignation Personal Request
 Promotion Transfer Retirement Leave of Absence**
 Return to Work Lay-off* Discharge* Temporary Disability**
 Satisfactory Completion of Probation 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: _____

IT Acknowledgment: _____ Date: _____

Payroll Acknowledgment: _____ Date: _____

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