

Effective Date:		<b>EMPLOYEE STATUS CHANGE FORM</b>	Division:	
Last Date Paid:				
Last Date Worked:				

**A. PERSONAL INFORMATION**

EMPLOYEE FIRST & LAST NAME:		EMPLOYEE PHONE #:		Emp/Payroll #:	
Employee Street Address:				APT#	
City:		Province:		Postal Code:	
Emergency Contact Name:		Phone:		Relationship:	

**B. EMPLOYMENT INFORMATION**

Reason:		Status	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	<input type="checkbox"/> Casual	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Student	<input type="checkbox"/> Transfer
		<b>OLD</b>				<b>NEW</b>		
Position/Title:								
Department:								
Base Annual Salary								
Base Hourly Rate								
Divisional Split (GL Code(s) Allocation):								
Vacation Entitlement:								
Bonus Structure:								
Manager:								
Company Vehicle/Car Allowance/Fuel Card:								

**C. TERMINATION (must be completed at time of separation) Please review all options before choosing. Please note it is illegal to falsify a reason for leaving on an ROE**

<b>Termination:</b>	<input type="checkbox"/> A - Shortage of work/end of contract	<input type="checkbox"/> A - Employer Bankruptcy or Receivership	<input type="checkbox"/> B - Strike or Lockout	<input type="checkbox"/> C - Return to School
	<input type="checkbox"/> D - Illness or Injury	<input type="checkbox"/> E - Quit	<input type="checkbox"/> E - Quit / Follow Spouse	<input type="checkbox"/> E - Quit / School
	<input type="checkbox"/> E - Quit / Health reasons	<input type="checkbox"/> E - Quit / Retirement	<input type="checkbox"/> E - Quit / Take another job	<input type="checkbox"/> F - Maternity
	<input type="checkbox"/> G - Retirement	<input type="checkbox"/> G - Retirement /Approved workforce reduction	<input type="checkbox"/> H - Work sharing	<input type="checkbox"/> J - Apprentice Training
	<input type="checkbox"/> K - Other	<input type="checkbox"/> M - Dismissal	<input type="checkbox"/> M - Dismissal / Terminated within probationary period	
	<input type="checkbox"/> N - Leave of Absence	<input type="checkbox"/> P - Parental	<input type="checkbox"/> Z - Compassionate Care	

If Layoff: Expected date of recall:	
Notes:	
Signed: (Supervisor)	Approved (Division GM)

Definitions and details available on reverse.

Last Updated 03/2023

## **Definitions**

- *Effective Date* - Date change in status is effective, should not be retroactive.
- *Last Date Paid* - Actual day that employee was last paid for.
- *Last Date Worked* - Need for WCB purposes (may be same as Last Day Paid).

## **Section A**

All sections are important for keeping information system accurate and up to date. All employee information may not be needed for a Change/Termination, but is for New Hires.

## **Section B**

- *Casual Employment* - When employee is called to work on an “as needed” basis.
- *Temporary Employment* - Employment for a specific period of time after which employment relationship will end. This section requires the length of employment to be filled out (ex - six months, or to specific date).
- *Part Time Employment* - Less than full time hours (less than 40 hours per week).
- *Full Time* - Full time hours (40+ hours per week).
- *Transfer* - Is necessary when an employee moves from one division or business unit. Only the new supervisor needs to complete the form, not plant supervisor where employee is transferring from.

## **Section C**

- *For Cause* - Terminated for reason - Discipline policy/procedure followed.
- *Shortage of work* - For non-union only.