

Effective Date:	
Last Date Paid:	
Last Date Worked:	

## EMPLOYEE STATUS CHANGE FORM

<input type="checkbox"/> Shaw Brick	<input type="checkbox"/> Shaw Precast	<input type="checkbox"/> Shaw Renewables
<input type="checkbox"/> Shaw Resources	<input type="checkbox"/> Corporate	<input type="checkbox"/> Shaw Outdoor Living
<input type="checkbox"/> Clayton Developments	<input type="checkbox"/> Ven-Rez	<input type="checkbox"/> Shaw Living
<input type="checkbox"/> Prestige Homes	<input type="checkbox"/> Shaw Transport	<input type="checkbox"/> Shaw Lifestyle

### 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 for Change:		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
		OLD		NEW
Position/Title:				
Department:				
Base Annual Salary				
Base Hourly Rate				
Divisional Split (GL Code(s) Allocation):				
Vacation Entitlement:				
Bonus Structure:				
Manager:				
Additional Comments:				

### 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

Termination:	<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 checked="" 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		

Expected date of recall: N/A

Notes:	
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Signed: (Supervisor)		Approved (Division GM)	
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## 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 /EI 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.

- *Direct Deposit* - This replaces the separate form, ensure all numbers are correct or preferably attach a void cheque.

## 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.