

9006 EMPLOYEE CHANGE FORM



PLEASE ABBREVIATE IF NECESSARY, TEXT BOX WILL NOT ENLARGE

Employee Name: Today's Date:

Supervisor Name:

A. Fill out section A for a **NEW** CFC Teammate

NEW EMPLOYEE

NEW INTERN

NEW VOLUNTEER

New Position OR Name of Person Being Replaced:

First Day of Work: Location: Phoenix Tucson No Az

Job Title: Full Time Part Time Exempt Non Exempt

Hours per week: Rate of Pay: Hourly: OR Annually:
(please note: work over 30 hours/week qualifies for benefits)

Check all that apply: \$20 Phone reimbursement Bilingual bonus (date):

Indicate distribution of pay among departments by percentage:

B. Fill out section B to make a change to a **CURRENT** CFC Teammate

CHANGE TO EMPLOYEE STATUS

Pay Rate Change: OR From: To: Effective Date:

Indicate change in distribution of pay among departments by percentage:

Change in Job Title From: To:

Change in Supervisor From: To:

Change in Schedule From (# of hrs/wk): To (# of hrs/wk):

Reason for Change:

C. Fill out section C for Employee **SEPARATING** from CFC

TERMINATION NOTICE

Resignation (attach notice from employee) Termination Last Day Worked:

Reason for separation: Voluntary Relocated Illness Retired Layoff Accepted Other Job
Eligible for rehire: Yes No (explain below)

ACCEPTANCE/APPROVAL

Employee Signature

Date

Supervisor Signature

Date