CITY OF ROCKVILLE

CHANGE IN STATUS NOTIFICATION
FOR TEMPORARY / SEASONAL EMPLOYEE

Please Print Clearly

	CURRENT	CHANGE
Employee Name:	_____	_____
Position Title:	_____	_____
Position Number:	_____	_____
Employee ID#:	_____	_____
Pay Rate:	_____	_____
Effective Date:	_____	_____

Fund: _____ Department: _____ Unit: _____ Object: _____

Reason: _____

_____ _____

Requesting Supervisor **Date** **Department Head** **Date**

_____ _____

Next Level of Management **Date** **Personnel Director** **Date**

White Copy: Personnel Yellow Copy: Payroll Pink Copy: Department

08/05