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Employee Status Form

Employee Name: _____ Current Position: _____

For Changes of Status:

___ Change in Job Position/Title New Position/Title: _____

___ Change in Pay Rate Current Rate: _____ New Rate: _____

___ Change in Exemption (Exempt/Non-Exempt) Current Status: _____ New Status: _____

___ Change in Employment Status Current Status: _____ New Status: _____
(FT, PT, School Year Only, Seasonal)

___ Change in Scheduled Hours Current Hours: _____ New Hours: _____

___ Change in Child Care Discount Current Discount: _____ New Discount: _____

___ Leave of Absence (attach written notification) Leave Date: _____ Return Date: _____

___ Resignation (attach written notification)

___ Termination (attach documentation)

___ Retirement (attach written notification)

___ Change in Name, Address, or Phone Number

Additional information as needed: _____

Effective Date of Change: _____

I understand that wage, compensation and child care discounts are confidential and sharing this information with other employees is grounds for dismissal.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Business Manager Signature: _____ Date: _____