



COUNTY OF MONTGOMERY CHANGE OF STATUS FORM

EMPLOYEE NAME: _____ EMPLOYEE NO: _____
SOCIAL SECURITY NO: _____
EFFECTIVE DATE OF CHANGE: _____

THE CHANGE (S):

COMPLETE ALL APPLICABLE SECTIONS:	FROM:	TO:
JOB CLASS TITLE:	_____	_____
POSITION CONTROL NUMBER:	_____	_____
DEPARTMENT:	_____	_____
RATE:	_____	_____
PAY GRADE/STEP:	_____	_____
(FT/PT/TEMPORARY):	_____	_____
NO. OF HRS./WK.:	_____	_____
OTHER:	_____	_____

REASONS FOR CHANGE(s):

- HIRED REHIRED PROMOTION TRANSFER END OF PROBATION
 MERIT RECLASS DEMOTION SUSPENSION END OF SEASON
 RESIGNATION DISCHARGE LAYOFF RETIREMENT
 LEAVE OF ABSENCE FROM: _____ UNTIL: _____
 OTHER (EXPLAIN): _____

PROVIDE THE FOLLOWING INFORMATION ON ALL NEW EMPLOYEES ONLY. THIS INFORMATION IS NEEDED TO ASSURE COMPLIANCE WITH EEO LAWS AND TO MEET THE REQUIREMENTS OF THESE AND OTHER LAWS.

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ AGE _____
 SEX: MALE _____ FEMALE _____ MARITAL STATUS _____
 EDUCATION: CIRCLE HIGHEST LEVEL COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D. _____
 HIGH SCHOOL GRADUATE _____ DEGREE: AA AS BA BS MA MS PHD MD
 OTHER: _____

ETHNIC ORIGIN: PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR ETHNIC ORIGIN.

- WHITE (INCLUDES PERSONS OF ARABIAN DESCENT)
 BLACK (INCLUDES JAMAICANS, BAHAMIANS AND OTHER CARRIBBEANS OF AFRICAN BUT NOT HISPANIC OR ARABIAN DESCENT)
 HISPANIC (INCLUDES PERSONS OF MEXICAN, PUERTO RICAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH ORIGIN OR CULTURE)
 AMERICAN INDIAN (INCLUDES ALASKANS)
 ASIAN AND ASIAN AMERICAN (INCLUDES PAKISTANIS, INDIANS OR PACIFIC ISLANDERS)

DISABLED: YES _____ NO _____ IF SO, NATURE OF DISABILITY _____

AUTHORIZED BY: _____ APPROVED BY: _____