



# 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: \_\_\_\_\_