

## Towncrest Pharmacy - Employee Change Form

Employee Last Name:	Employee First Name:
Effective Date:	Location

**Complete only the information that has changed:**

	<b>From:</b>	<b>To:</b>
<input type="checkbox"/> <b>Name Change</b>		

<input type="checkbox"/> <b>Employee Classification</b>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	<input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt	<input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt

<input type="checkbox"/> <b>Dept Change</b>		
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<input type="checkbox"/> <b>Job Title</b>		
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<input type="checkbox"/> <b>Pay Rate Change</b>	From:		To:	
	\$ Change:		% Change:	

**\*\* For Pay Rate Changes, all Fields are required to be completed and a copy of the written performance review attached.**

<b>Comments:</b>	
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<input type="checkbox"/> <b>Employment Termination</b>			
Last Day Worked:			
Type:	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		
Reason:			
Notice Given?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Rehire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why?			

<b>Authorized by:</b>	Date:	
Signature		