



**EMPLOYEE STATUS CHANGE**

**EMPLOYEE PROFILE**

Employee Name: \_\_\_\_\_ Social Security #: N/A  
Date: \_\_\_\_\_ Date Effective: \_\_\_\_\_

**EMPLOYMENT CHANGES**

Rehire:  Job Title: \_\_\_\_\_ Department: Portland VA Research Foundation  
Temporary:  Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Department: \_\_\_\_\_

**CLASSIFICATION CHANGES**

Change	Old Information	New Information
Address: <input type="checkbox"/>	Old Address _____	New Address: _____
Promotion: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Project: <input type="checkbox"/>	Old Project: _____	New Project: _____
Project: <input type="checkbox"/>	Old Project: _____	New Project: _____
Salary: <input type="checkbox"/>	Old Rate: _____	New Rate: _____
Health Insurance <input type="checkbox"/>	Amount PP: _____	Amount PP: _____
Dental Insurance <input type="checkbox"/>	Amount PP: _____	Amount PP: _____
401k : <input type="checkbox"/>	Amount PP: _____	Amount PP: _____
Notice Of COBRA Rights? _____	Date Provided: _____	
Election Of COBRA? _____	Date Started: _____	

**ADDITIONAL COMPENSATION/BENEFITS/CHANGES INFORMATION**

**Please List Any Additional Changes in Compensation, Benefits or Changes Not Listed Above:**

**VERIFICATION OF CHANGES**

Approved By: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HR USE:**  
Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

