

DATE OF CHANGE	SOCIAL SECURITY NUMBER
NAME	PHONE
ADDRESS	CITY/STATE/ZIP
DEPARTMENT Fire	SHIFT

THE CHANGE(S):

Mark Applicable Boxes

	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE		
<input type="checkbox"/> ADDRESS		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER		
<input type="checkbox"/> OTHER		

THE REASON FOR THE CHANGE(S):

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>HIRED</td></tr> <tr><td><input type="checkbox"/></td><td>RE-HIRED</td></tr> <tr><td><input type="checkbox"/></td><td>PROMOTION</td></tr> <tr><td><input type="checkbox"/></td><td>DEMOTION</td></tr> <tr><td><input type="checkbox"/></td><td>TRANSFER</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>MERIT INCREASE</td></tr> <tr><td><input type="checkbox"/></td><td>WAGE SCALE CHANGE</td></tr> <tr><td><input type="checkbox"/></td><td>LEAVE FROM ABSENCE FROM :</td></tr> </table>	<input type="checkbox"/>	HIRED	<input type="checkbox"/>	RE-HIRED	<input type="checkbox"/>	PROMOTION	<input type="checkbox"/>	DEMOTION	<input type="checkbox"/>	TRANSFER	<input checked="" type="checkbox"/>	MERIT INCREASE	<input type="checkbox"/>	WAGE SCALE CHANGE	<input type="checkbox"/>	LEAVE FROM ABSENCE FROM :	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>PROBATIONARY TIME COMPLETED</td></tr> <tr><td><input type="checkbox"/></td><td>LENGTH OF SERVICE INCREASE</td></tr> <tr><td><input type="checkbox"/></td><td>RE-EVALUATION OF EXISTING JOB</td></tr> <tr><td><input type="checkbox"/></td><td>RESIGNATION</td></tr> <tr><td><input type="checkbox"/></td><td>RETIREMENT</td></tr> <tr><td><input type="checkbox"/></td><td>LAYOFF</td></tr> <tr><td><input type="checkbox"/></td><td>DISCHARGE</td></tr> </table>	<input type="checkbox"/>	PROBATIONARY TIME COMPLETED	<input type="checkbox"/>	LENGTH OF SERVICE INCREASE	<input type="checkbox"/>	RE-EVALUATION OF EXISTING JOB	<input type="checkbox"/>	RESIGNATION	<input type="checkbox"/>	RETIREMENT	<input type="checkbox"/>	LAYOFF	<input type="checkbox"/>	DISCHARGE
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LEAVE FROM ABSENCE FROM : _____ UNTIL _____
(DATE) (DATE)

TYPE OF LEAVE _____

OTHER (EXPLAIN)

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
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SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCE MANAGER	DATE