



CLEVER BEE ACADEMY EMPLOYEE CHANGE FORM

Employee Name: _____ **Title/Center:** _____ **Effective Date:** _____

Type of Change

☐

Status Change

☐

Promotion

☐

Separation

STATUS CHANGE/PROMOTION

TYPE OF CHANGE	CHANGE FROM	CHANGE TO	COMMENTS
<input type="checkbox"/> Title			
<input type="checkbox"/> Center			
<input type="checkbox"/> Status (PT/FT/On-call)			
<input type="checkbox"/> Class (Hourly/Salary)			
<input type="checkbox"/> Schedule Change			
<input type="checkbox"/> Rate (Hourly/Salary)			
<input type="checkbox"/> Other			

SEPARATION

<input type="checkbox"/> Voluntary Resignation (Attach resignation letter)	<input type="checkbox"/> Did not return from LOA/FMLA
<input type="checkbox"/> Involuntary Termination	<input type="checkbox"/> Unsatisfactory Performance
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Policy Violation
<input type="checkbox"/> No-call/No-show	<input type="checkbox"/> Lay Off
<input type="checkbox"/> Attendance	<input type="checkbox"/> Quit without completing notice
<input type="checkbox"/> Deceased	<input type="checkbox"/> Safety Violation
<input type="checkbox"/> Relocation	<input type="checkbox"/> Unacceptable behavior/conduct
<input type="checkbox"/> Retired	<input type="checkbox"/> Breach of Trust or Dishonesty

Eligible for rehire: ☐ Yes ☐ No

Worked Out Notice Period: ☐ Yes ☐ No

Please provide any relevant documents for this separation and list any property that needs to be returned:

**Supervisor's
Name & Signature**

Date

Human Resources Section Only

Benefits Terminated: ☐ Yes ☐ No ☐ N/A

PTO Payout: _____

PTO Accrual Adjusted: ☐ Yes ☐ No ☐ N/A

CDA Agreement: ☐ Yes ☐ No ☐ N/A

Loan Balance: ☐ Yes ☐ No ☐ N/A

Pay at Minimum Wage: ☐ Yes ☐ No ☐ N/A

HR's Name & Signature

Date

**Payroll's Name &
Signature**

Date