

ECONOMIC SECURITY CORPORATION

Request for Status Change

Date: _____

Name of Employee: _____

Position: _____

Center: _____

Effective Date of Change: _____

Reason for Change:

Dismissal _____

Resignation (attach letter) _____

Substitute to Part-Time _____

Substitute to Full-Time _____

Part-Time to Full-Time _____

Full-Time to Part-Time _____

Change in Position _____

Add Position _____

Change in Center _____

If change in position, please provide the following:

Old position: _____

New position: _____

If changing in position, or adding position, please provide number of hours will be working in each position per week:

Position 1 _____

Position 2 _____

Remarks: _____

Requested by: _____

Please fax or email this form to Becky Hopper or Brenda Huffhines at the Central Office immediately to allow proper time for change to become effective on requested date.