



# AUTHORIZATION FORM

## FOR CHANGES OF EMPLOYMENT STATUS

**EMPLOYEE NAME:** \_\_\_\_\_

**TITLE/POSITION:** \_\_\_\_\_

**STORE NAME:** \_\_\_\_\_

### DESIRED CHANGE OF EMPLOYMENT

(CIRCLE ONE)

PAY RAISE | TRANSFER | DEMOTION | PT to FT | FT to PT | PROMOTION

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REASON FOR REQUEST:**

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**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**WH APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_