



EMPLOYEE CHANGE OF STATUS

EFFECTIVE DATE OF CHANGE _____
(Next New Pay Period Monday if hourly rate change)

EMPLOYEE INFORMATION

STORE/DEPT #	EMPLOYEE #	LAST NAME	FIRST NAME	MI
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NEW HIRE INFORMATION

STREET ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE
JOB CLASSIFICATION <input type="checkbox"/> VH/PT <input type="checkbox"/> FT		JOB TITLE		SALARY TYPE <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARIED	RATE OF PAY
DATE OF HIRE	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	S.S.#	W2 INFORMATION <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	# OF DEPENDENTS

PROMOTIONS, TRANSFERS AND PAY RATE CHANGES

CURRENT		NEW	
STORE/DEPT #	_____	STORE/DEPT #	_____
PAY TYPE	HOURLY _____ SALARY _____	HOURLY _____ SALARY _____	
PAY RATE	_____	PAY RATE	_____
CLASSIFICATION	VARIABLE HOUR/PART TIME _____ FULL TIME _____	IF CHANGE FROM SALARY TO HOURLY MUST COMPLETE AND FAX BELOW FORMS ALONG WITH CHANGE OF STATUS TO HUMAN RESOURCES. <input type="checkbox"/> Labor Code Section 2810.5(a) Notice <input type="checkbox"/> Commission Program Management Signature _____ VARIABLE HOUR/PART TIME _____ FULL TIME _____	
JOB TITLE	_____	JOB TITLE	_____

SUSPENSION/DISCHARGE/RESIGNATION/LEAVE OF ABSENCE INFORMATION

<input type="checkbox"/> SUSPENSION FROM _____ RETURN DATE _____	<input type="checkbox"/> REQUEST FOR LEAVE OF ABSENCE TYPE OF LEAVE _____ LAST DAY WORKED _____ DATE LEAVE STARTS _____ DATE OF RETURN _____
<input type="checkbox"/> DISCHARGE LAST DAY WORKED _____	
<input type="checkbox"/> RESIGNATION LAST DAY WORKED _____	

If Pay Rate or VH/PT/FT change, received signature must be dated before the above Effective Date of Change.

RECEIVED BY _____

APPROVED BY:

REQUESTED BY _____

Associate Signature

Date

Management Signature

SUSPENSION/DISCHARGE/RESIGNATION/LEAVE OF ABSENCE DETAILS

PLEASE EXPLAIN REASON(S) FOR SUSPENSION/DISCHARGE/RESIGNATION/LEAVE OF ABSENCE : _____ _____ _____ _____
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**FAX THIS FORM TO THE HUMAN RESOURCES DEPARTMENT AT (310) 665-2141
GIVE AND HAVE EMPLOYEE SIGN FOR ORIGINAL OR COPY
DANIEL'S JEWELERS · P. O. BOX 3750 · CULVER CITY, CA 90231-3750**

REVISED 03/16/15