

# CITY OF BERLIN

## EMPLOYEE STATUS REPORT

NAME: \_\_\_\_\_ DATE OF HIRE/REHIRE: \_\_\_\_\_ EFFECTIVE CHANGE: \_\_\_\_\_

	TITLE	PAY PLAN	PAY GRADE/STEP	PAY RATE	DEPT./DIV.	FUNDING SOURCE
OLD						
NEW						

- ☐ EMPLOYMENT NOTICE      ☐ REALLOCATION      ☐ RECLASSIFICATION      ☐ EVALUATION  
☐ PROMOTION      ☐ TRANSFER      ☐ TERMINATION      ☐ RESIGNATION  
☐ DEMOTION      OTHER: \_\_\_\_\_

IF CHANGE IS TO FILL A NEW VACANCY, CHECK BOX: ☐ IF CHANGE IS TO FILL VACANCY IN AN OLD POSITION, GIVE NAME OF REPLACED EMPLOYEE: \_\_\_\_\_

CLARIFY ANY OTHER CIRCUMSTANCES OF CHANGE

\_\_\_\_\_  
Employee Signature      DATE

APPROVED BY: \_\_\_\_\_  
SUPERVISOR      DATE

\_\_\_\_\_  
DEPARTMENT HEAD      DATE

\_\_\_\_\_  
FINANCE DIRECTOR      DATE

\_\_\_\_\_  
CITY MANAGER      DATE