

**ALVIN COMMUNITY COLLEGE**

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**EMPLOYMENT STATUS  
CHANGE NOTICE**

This form should be used by the Immediate Supervisor to notify Human Resources of any change in an employee's status. For effective records management and accurate payroll processing, notifications of any change in status should be submitted as soon as possible.

**EMPLOYEE INFORMATION**

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

**SOCIAL SECURITY #:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**EMPLOYMENT ACTION**

**TERMINATION BY DEPARTMENT**

**RESIGNATION**

**JOB COMPLETE**

**RETIREMENT**

**LEAVING AREA / MOVED**

**REDUCTION IN FORCE**

**ACCEPTED OTHER EMPLOYMENT**

**UNSATISFACTORY WORK PERFORMANCE**

**EFFECTIVE DATE OF TERMINATION:** \_\_\_\_\_

Prior to submission of this form, the Immediate Supervisor should ensure that any College keys issued to the employee and any other College property have been returned to the department or Campus Police.

**SUBMITTED BY:**

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

**APPROVED:**

\_\_\_\_\_  
Director or Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date