

# Employee Status Form

Lakeview Hospital

Please **PRINT** - contact Human Resources for question on form completion.

<b>Name:</b>	<b>Department:</b>	<b>Work Extension:</b>	
<b>Position:</b>	<b>Home Phone:</b>	<b>Authorized Hours:</b>	<b>Hire Date:</b>

I request the following (check the categories that apply; complete the information in that section):

## POSITION CHANGE:

- Decrease in hours.
- Increase in hours. \*Position Requisition number \_\_\_\_\_.
- Job Change or Department Change. \*Position Requisition number \_\_\_\_\_.

\*Position Requisition numbers can be found on the Job Posting.

To be considered for a Posted Position you must attach a resume. Employee Status forms submitted without a resume will be returned to the sender. You may use Lakeview's on-line resume builder at [www.lakeview.org](http://www.lakeview.org) to create a resume.

Employees must work in their current position a minimum of three (3) months for job change or department change requests to be considered.

	<b>FROM:</b>	<b>TO:</b>
<b>Position:</b>		
<b>Department/Station:</b>		
<b>Authorized Hours:</b>		
<b>Shifts:</b>		
<b>Reason for Request:</b>		

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_ Forwarding Date: \_\_\_\_\_

Request Approved Effective Date: \_\_\_\_\_

Request NOT Approved Reason: \_\_\_\_\_

Department Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_