



COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA
Change of Status

If this is an address change fill out this section only.

Name: _____

Street Address: _____ City: _____

State: ____ Zip Code: _____ Telephone Number: _____

Effective Date: _____ New Anniversary Date: _____

Present Salary: _____ New Salary: _____

Present FTE: _____ New FTE: _____

Present Position: _____ New Position: _____

Present Program: _____ New Program: _____

Present Worksite: _____ New Worksite: _____

Please check which of the following apply:

Promotion	_____	Change of Anniversary Date	_____
Annual Increase	_____	Address Change	_____
Transfer	_____	Other	_____

Other Explanation: _____

* Employee Number: _____ * Position Code: _____

* Department Code: _____ * Work Site Code: _____

Program Director/Supervisor

Human Resources Director

CEO

Accounting Department