

EMPLOYEE STATUS CHANGE FORM

QM Corporation

Interval Management, Inc.

NAME _____ SS# _____ ID# _____

HIRE DATE _____ EFFECTIVE CHANGE DATE _____

CHANGE(s)

PAY Current \$ _____ Change To \$ _____

STATUS Full Time Part Time Salary Exempt Non Exempt

Hourly 40 Hourly 40 w/30 min lunch

Hourly 8 Hourly 8 w/30 min lunch

TITLE Current _____ Change To _____

DEPT Current _____ Change To _____

LOCATION Current _____ Change To _____

ADDRESS _____ City _____ ST _____ Zip _____

LEAVE OF ABSENCE Reason _____ No. of Days _____

First Day of Leave _____ Last Day of Leave _____

TERMINATION

Layoff Reason _____

Discharge Reason _____

Discipline Date(s) _____ Final Incident Date _____

Eligible For Rehire Yes No

Quit/Resign Notice Given? Yes Date Given _____ No Notice

Abandoned Job: No Call/No Show Retired

Employee Comments _____

Employee Signature _____ Date _____

Supervisor Comments _____

Supervisor Signature _____ Date _____

H. R. Reviewed _____ Date _____

Manager Approval _____ Date _____