



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY!

**METRO YMCAS OF THE ORANGES**  
**POSITION Change Form (FILLABLE)**  
(Please PRINT CLEARLY & COMPLETE ALL SECTIONS)

<b>BRANCH</b> <input type="checkbox"/> 1-AS <input type="checkbox"/> 2-GB <input type="checkbox"/> 4-EO <input type="checkbox"/> 5-WA <input type="checkbox"/> 6-FL <input type="checkbox"/> 7-WE <input type="checkbox"/> 8-SM <input type="checkbox"/> 9-SC	<b>DEPARTMENT</b>	<b>DATE OF HIRE</b>	<b>EFFECTIVE DATE OF CHANGE</b>
<b>LAST NAME</b>		<b>MI</b>	<b>FIRST NAME</b>

**REASON FOR CHANGE**

<input type="checkbox"/> <b>Annual Merit Increase</b> <input type="checkbox"/> <b>New Position (if Lateral)</b> <input type="checkbox"/> <b>Add/Delete Position</b> <input type="checkbox"/> <b>Promotion</b> <input type="checkbox"/> <b>Employment Status</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> <b>Inactive (Episodic schedule)</b> <input type="checkbox"/> <b>Temporary Layoff</b>  <b>Last Day Worked:</b> _____	<input type="checkbox"/> <b>Recall Return</b> <b>Date:</b> _____ <input type="checkbox"/> <b>Change in Dept.</b> <input type="checkbox"/> <b>Program Start/End</b> <b>Start Date:</b> _____ <b>Last day worked</b> <b>Date:</b> _____ <input type="checkbox"/> <b>HRIS Access (for scheduling purposes)</b> <input type="checkbox"/> <b>Will Drive for YMCA Business</b>	<input type="checkbox"/> <b>Total Hours per week:</b> _____ <input type="checkbox"/> <b>Leave of Absence</b> <b>Last Day Worked:</b> _____ <b>Return Date (If Known):</b> _____ <input type="checkbox"/> <b>Other</b> <b>Comments:</b> _____ _____ _____ _____
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**WAGE / SALARY ADMINISTRATION**

<b>CURRENT POSITION</b>	<b>RATE OF PAY</b>	<b>DEPARTMENT / SUPERVISOR OR NAME FOR HRIS ACCESS</b>	<b>CURRENT STATUS CODE</b> <i>(See Definitions Below)</i>
<b>NEW POSITION</b>	<b>RATE OF PAY</b>	<b>DEPARTMENT / SUPERVISOR OR NAME FOR HRIS ACCESS</b>	<b>NEW STATUS CODE</b> <i>(See Definitions Below)</i>

**HRIS INFORMATION**

<b>JOB TITLE</b>	<b>DEPARTMENT (GL#)</b>	<b>RATE OF PAY</b>	<b>ADD / DELETE</b>
			<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
			<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
			<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
			<input type="checkbox"/> ADD <input type="checkbox"/> DELETE

**APPROVALS**

Supervisor / Director Approval _____	Date _____
Sr. Director / Executive Approval _____	Date _____
Human Resources Approval _____	Date _____
HRIS/Payroll _____	Date _____

**Employee Status Definitions:**

**01-Full-Time Exempt:** Paid on a salary basis and must meet the FLSA guidelines under one of the following categories: Executive, Administrative or Professional. The Human Resources Department must approve exempt status.  
**02-Full-Time Non-Exempt:** Paid on an hourly basis, consistently works 35 hours or more per week. Any hours worked in excess of 40 in one week must be paid at a rate of time and a half.  
**03-Part-Time Non-Exempt:** Paid on an hourly basis, consistently works less than 35 hours per week.  
**04-Seasonal:** Hired for a period of employment of less than 3 months.  
**05-Casual on Call:** Occasional or on-call employee. Hrs. not regularly scheduled; work on as-needed basis. Flexible schedule based on business need.  
**06-Temporary:** Hired for a temporary period of less than 3 months.