



CHANGE OF STATUS FORM

Employee Name:

Date Prepared:

Department:

Branch:

NATURE OF ACTION		FROM	TO
Regularization		Job Level	
Upgrading		Position Title	
Promotion		Effective Date	
Transfer		Base Pay	
Separation		Allowances	
Others		SBU/Branch	

Remarks:

APPROVAL SIGNATURE	Printed Name & Signature	Date
1 Dept Head		
2 SBU Head		
3 HR Services	Lizzie O. Magat	
4 Shared Services	Chabio T. Sison	
5 President & CEO	Efren E. Uy	

GUIDELINES:

Immediate superior prepares the form and attaches necessary documents for any proposed changes.

All proposed action shall be discussed with HR/SBU for proper implementation of policy/or guideline.

Affected employee must not be informed of pending classification until such action have been formally approved by the required levels of management

Approved status form shall be forwarded to HR Services.

Distribution

- HRD

of copies

- Employee