



# Change in Full-Time Appointment Conditions/Status

(This document extends Introductory Periods or changes employment conditions/status)

Employee Name _____	Date of Hire _____
Position Title _____	Home Locator # _____
Supervisor Name _____	RED ID # _____

## INTRODUCTORY PERIOD

(For use after six months of employment — must be accompanied by an evaluation)

- APPROVAL** — Introductory Period Completed on \_\_\_\_/\_\_\_\_/\_\_\_\_
- EXTENSION** — Introductory Period Extended to \_\_\_\_/\_\_\_\_/\_\_\_\_ (Requires signatures below)

**Reminder: A new evaluation must be completed at the end of the extended Introductory Period.**

## PAY RATE CHANGES

(Any change requires a Salary Adjustment letter)

- NEW PAY RATE** \_\_\_\_\_  **HOURLY**  **MONTHLY** **RANGE** \_\_\_\_\_
- EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## SPECIAL SCHEDULE DETAILS

(Any change requires an updated Appointment Letter)

## OTHER

(Any other changes to the original Appointment Approval form)

### Approved by:

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

Executive Director or Associate Director \_\_\_\_\_ Date \_\_\_\_\_