



WESTCHESTER COMMUNITY  
OPPORTUNITY PROGRAM, INC.

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## EMPLOYEE STATUS CHANGE FORM

EMPLOYEE NAME: \_\_\_\_\_

COMPONENT \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
PRESENT FUNDING SOURCE SALARY

\_\_\_\_\_ \$ \_\_\_\_\_  
CHANGE TO FUNDING SOURCE SALARY

EFFECTIVE DATE \_\_\_\_\_

REASON CODE: \_\_\_ CODING ERROR  
\_\_\_ FUNDING CHANGE  
\_\_\_ SALARY ADJUSTMENT  
\_\_\_ JOB REASSIGNMENT – FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

DATE OF LAST PERFORMANCE EVALUATION: \_\_\_\_\_  
(MUST HAVE BEEN WITHIN LAST 12 MONTHS IF THE ADJUSTMENT INCLUDES AN INCREASE IN SALARY)

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
PROGRAM DIRECTOR

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
COORDINATOR

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
CHIEF FINANCIAL OFFICER

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
HUMAN RESOURCES DIRECTOR

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
CHIEF OPERATING OFFICER

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BOARD OF DIRECTORS