

**CITY OF PROVIDENCE  
CHANGE IN STATUS OF EMPLOYEE**

**TO: HUMAN RESOURCES DIRECTOR  
AND CITY CONTROLLER**

**DEPT. :  
DIV. :  
CODE :  
DATE :**

**REQUEST IS HEREBY MADE FOR CHANGES IN THE PAYROLL OF THIS DEPARTMENT AS LISTED BELOW.**

DATE EFFECTIVE	NAME & ADDRESS	POSITION TITLE	STATUS	LEGEND	HRLY WKLY	COMPENSATION BASE PAY
		<b>From:</b>	<b>F</b>	<b>E</b>	<b>35 hr. wk.</b>	
		<b>to: same</b>			<b>35 hr. wk.</b>	
	<b>SS#</b>	<b>EMP.#</b>				

STATUS:                      LEGEND:                      REMARKS:  
 F-FULL TIME                A - TRANSFER TO DEPT. FROM:  
                                       B - CHANGE IN POSITION CLASS AND PAY RATE  
                                       C - CHANGE IN POSITION CLASS ONLY  
 T - TEMPORARY            D - CHANGE FROM TEMP TO PERM.  
                                       E - CHANGE IN RATE OR BASIS OF PAY  
 P - PART TIME             F - CHANGE OF MAINTENANCE DEDUCTION  
                                       G - CHANGE NAME AND/OR ADDRESS  
                                       H - CHANGE - OTHER - EXPLAIN

I HEREBY CERTIFY THAT THE CHANGES REQUESTED ABOVE ARE IN COMPLIANCE WITH THE PROVISIONS OF THE ORDINANCES OF THE CITY OF PROVIDENCE WITH RESPECT TO POSITION CLASSIFICATIONS, QUALIFICATIONS, RATES AND QUOTAS.

**BY** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
MAYOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECTOR OF PERSONNEL

\_\_\_\_\_  
DATE

- 1-PERSONNEL DIRECTOR
- 2 - CONTROLLER'S DEPT. - RETIREMENT DIVISION
- 3- CONTROLLER'S DEPT. - TABULATING AND PAYROLL DIVISIONS COPY
- 4 - DEPARTMENTAL COPY