



Douglas County, Nebraska EMPLOYEE INFORMATION CHANGE FORM

Employee Last Name: _____ First Name: _____ MI: _____

Employee # (required): _____ Effective Date of Change (i.e. 10/Apr/2011): _____

PLEASE CHECK THE BOX FOR CHANGED ITEM(S) ONLY

Address (street, city, state & zip): _____

Phone Number: Home: () _____ Cell: () _____

Name Change (record former name here): _____

Change Due To: Salary Promotion Detail Assignment Status Transfer Demotion
 Other: Comments: _____

Termination: Reason: _____

Eligible for Re-employment in Department (answer required): Yes No

If no, why (be specific): _____

Oracle Org. Name (be specific): _____ Oracle Org. #: _____
(i.e. HLTDEP/ADBUS/ BUS/ Business Administration)

Occupational Code #: _____ Requisition # (if applicable): _____

Job Title: _____

Assignment: Full-time Part-time 21 hours or more per week Part-time 20 hours or less per week
 Temporary Seasonal Retiree

Pay Rate (do NOT include longevity): \$ _____

Salary Basis: Hourly Monthly

Name of Approving Supervisor: _____

Bargaining Unit: _____

LEAVE OF ABSENCE INFORMATION

Leave of Absence Code: FMLA Military Non-FMLA Sick Educational Other Leave

Beginning Date: _____ Return Date: _____

APPROVALS

Elected Official/Department Head/Designee Date Human Resources Director/Designee Date

FOR HUMAN RESOURCES ONLY

APPRAISAL DATE (Month/Year): _____ Oracle Entry Date: _____ Initials: _____

CLASSIFICATION DATE (dd/mmm/yyyy): _____

LONGEVITY DATE (dd/mmm/yyyy): _____

DEPT. SEN. DATE (dd/mmm/yyyy): _____

UNION SENIORITY DATE (dd/mmm/yyyy): _____