



## Employee Status Change Form

This form to be completed when any of the following occur: an employee changes position, or has an authorization change. This form is initiated by the Human Resources Department and forwarded to the next applicable Supervisory Personnel, or designee. If any items are found to be non-applicable, mark as N/A.

\_\_\_\_ Position Change    \_\_\_\_ Auth. Change    \_\_\_\_ New Position

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### Human Resource Department Verification:

Date of Change: \_\_\_\_\_

Employee name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

New Position \_\_\_\_\_

Previous Position \_\_\_\_\_

Payroll \_\_\_\_\_ Dac System Revised \_\_\_\_\_ Validation of Certificate Number FAA) \_\_\_\_\_

Uniforms Issued \_\_\_\_\_ IT Department Ticket Number \_\_\_\_\_ Drug Program Addition \_\_\_\_\_

Qualification Analysis:(See Attachment 66.02) Record what employee has for the below:

Education: \_\_\_\_\_ Experience: \_\_\_\_\_ Training: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

### Maintenance Department Verification:

Validation of Certificate Number (FAA) \_\_\_\_\_

If moving out of Maintenance Department: Toolbox Inspection Completed: \_\_\_\_\_

Maintenance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

### QC Department Verification:

Inspection Stamp \_\_\_\_\_ Issue Stamp Number \_\_\_\_\_ Authorizations 1, 2, 3, 4, 5, \*Circle All that Apply

Training Needs Assessment: Required Training \_\_\_\_\_

Quality Control Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_



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**Training Department Verification:**

Training Record Review Completed \_\_\_\_\_

Training Needs Assessment Verification \_\_\_\_\_ (Attachment 66.02)

Training Needs Assessment: Required Training \_\_\_\_\_ Department Management Notified: \_\_\_\_\_

Badge/Key Card Issue \_\_\_\_\_ Keys Issued \_\_\_\_\_

Training Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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**QA Department Verification:**

Roster Change	_____
QSM Change	_____
-Business Continuity Plan	_____
-Job Description	_____
-Training Program (Att. 66.02)	_____
-Training Needs Assessment Verification	_____
-Organization Chart	_____
-Limits of Authority	_____

Issuance of Repairman Certificate (Date of Issue) \_\_\_\_\_ Certificate Number: \_\_\_\_\_

DOT Roster Added \_\_\_\_\_ Validation of Certificate (FAA) \_\_\_\_\_

Quality Assurance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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Verification of document (All signatures provided, all blocks N/A or completed)

**Human Resources Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Document placed in Employee File)