

DOMUS KIDS, INC

CHANGE OF STATUS FORM

Date: _____

Employee Name: _____

Program: _____

Reason for change: _____

New Title: _____

	Salary	or	Hourly Rate
Current	\$ _____		\$ _____
Increase	_____		_____
New	\$ _____		\$ _____

Effective Date: _____

Submitted By: _____

Approvals:

Exec. Dir. or Assoc. Exec Dir.: _____

CFO: _____