



Practice Name:

Today's Date:

Employee Name:

Practice Leader Name:

Check appropriate box:

|  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Transfer        | <input type="checkbox"/> Salary/Pay Rate Change                 | <input type="checkbox"/> Promotion   |
| <input type="checkbox"/> Location Change | <input type="checkbox"/> Department Change                      | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Position Change | <input type="checkbox"/> Status/ Worker Category (FT / PT etc.) | <input type="checkbox"/> Other:      |

**CHANGES – fill in applicable information**

**Current**

Location:  
Position:  
Salary/Pay Rate:  
Department:  
Worker Category:  
Other:

**New**

Location:  
Position:  
Salary/Pay Rate:  
Department:  
Worker Category:  
Other:

**EFFECTIVE DATE OF CHANGE:**

For pay or title changes indicate reason: (promo, merit increase, market adjustment, correction, etc.)

Notes:

**TERMINATIONS – check appropriate box**

- Resignation
- Retirement
- Performance
- Elimination of Position
- Policy Violation (attendance, conduct, compliance)
- End of Assignment (temporary workers)
- Other (specify)

Eligible for Rehire:  Yes  No

**TERMINATION DATE:**

Comments: \_\_\_\_\_

\* Practice Leader's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\* Regional Leader's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to [HR@selectdentalmanagement.com](mailto:HR@selectdentalmanagement.com)  
and include Daniela Coughlin on termination notifications: [dcoughlin@selectdentalmanagement.com](mailto:dcoughlin@selectdentalmanagement.com)