



Payroll / Status Change Notice

New Hire Change Separation

Effective Date of Change _____ Routing: Payroll Personnel File (Original)

Employee Name _____
LAST FIRST MIDDLE INITIAL

Employee/Payroll #Dept. _____

New Hire Information

Address _____
STREET CITY STATE ZIP CODE

Telephone # () _____ Date of Birth (for administrative use only) _____

New Employee Rate \$ _____ Status: Full-Time Part-Time Temp Seasonal

Job Title _____ Hours per Week _____

W-4 Attached? Yes No Classification: Executive Occupational

Change(s) for Current Employee

ACTION(S)	FROM	TO	COMMENTS
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> FLSA Status			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reduction in Force			
<input type="checkbox"/> Re-evaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Salary/Wage			
<input type="checkbox"/> Separation (see below)			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Other _____			

Leave of Absence BEGIN LEAVE ____ / ____ / ____ RETURN FROM LEAVE ____ / ____ / ____

Educational Personal Family/Medical Leave
 Military Other _____

Separation SEPARATION DATE ____ / ____ / ____ LAST DAY WORKED ____ / ____ / ____

Voluntary Separation Involuntary Separation Reduction in Force
BENEFIT CANCELANATION DATE ____ / ____ / ____ REIMBURSEMENT OWED TO COUNTY _____ FOR _____

Additional Comments _____

Manager Signature: _____ Date: _____

HR Signature: _____ Date: _____

Payroll Signature: _____ Date: _____

New Hire Checklist

Policy Acknowledgement		Drug Test Results		Physical Test / Evaluation Returned
I-9		W-4		Employee Data
Driver License		Background Check		State New Hire Report
E-Verify Report		FMLA Info Sheets		EEO Info
Internship / Probationary Extension		Worker's Compensation / Accident Reporting		Worker's Comp Class #
Educational Assistance		Offer Letter		Sworn-in
Time Sheets		Medical Form		Retirement Form
Vacation		Dental Form		Retirement Ineligible Form
Sick Leave		Life, STD, LTD, Form		401k / 457 / IRA / Roth IRA
Holidays		Insurance Waiver		Retirement Booklet
Check- Mail / Pick-up / Deposit / Sheriff's office		Enrollment Guide / Benefit Guide		ID Badge

Payroll Change Checklist

Wage &/or Hours Increase / Lincoln Notified / Changed on Caselle		Dept Change / Employee Number Changed / Allocation Changed
Leave of Absence / Retirement Notified		

Termination Checklist

Credit Card Returned/Cancelled		Telephone Card Returned/Cancelled
Keys (office, desk, etc.) Returned		Safety Equipment Returned
Equipment/Tools Returned		
Health Cancelled		Retirement Notification
Dental Cancelled		Conversion (life, std, ltd) Notification
Life, STD, LTD Cancelled		COBRA – Notify R Hussey's Office
Reimbursement Owed to County		