PAYROLL STATUS CHANGE

EFFECTIVE DATE

NAME_____**PAYROLL #**_____

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SS#
	CITY, STATE, ZIP		DATE OF BIRTH
	TELEPHONE		

CHANGE	FROM DOES NOT APPLY TO NEW EMPLOYEE	TO
JOB		
DEPARTMENT		
SHIFT		
PAY		

REASON FOR CHANGE		
__ HIRED	_MERIT INCREASE	_LENGTH OF SERVICE INCREASE
__REHIRED	__RESIGNATION	__RE-EVALUATION OF CURRENT JOB
__PROMOTION	__RETIREMENT	__PROBATION PERIOD COMPLETED
__DEMOTION	__LAYOFF	__UNION CONTRACT
__TRANSFER	__DISCHARGE	__ _____
COMMENTS, IF NECESSARY		

LEAVE OF ABSENCE	CHARGED TO VACATION ___YES ___NO	FAMILY LEAVE ACT __YES __NO
FROM / /	OTHER, EXPLAIN	
TO / /		

AUTHORIZED BY_____**APPROVED BY**_____

COPIES TO: 1. PAYROLL
2. PERSONNEL
3. DEPARTMENT HEAD