

Payroll Status Change Notice

Employee Name: _____ Last 4 digits of SSN: _____

NEW HIRE/REHIRE

Position: _____ Department/#: _____ Allocation: ____%

Date of Hire: _____ 1st Check: _____ Department/#: _____ Allocation: ____%

Department/#: _____ Allocation: ____%

Hourly

Hourly Rate: \$_____

Full-time Part-time I (20+ hrs) Part-time II

Maximum number of hours per week: _____

Salary

Annual Salary: \$_____

Full-time Part-time I (20+hrs) Part-time II

Number of hours per week: _____

CURRENT EMPLOYEE

Effective Date: _____

Hourly Rate Change

From: \$_____ To: \$_____

Status Change To:

Full-time

Part-time I (20+hrs) Part-time II

Maximum number of hours per week: _____

Benefits: Add Delete [see attached]

Termination of Employment

Quit with Notice Quit without Notice Terminated Retired Other: _____

Salary Change

From: \$_____ To: \$_____

Position/Title Change:

From: _____

To: _____

Last Date Worked: _____

AUTHORIZATION

Supervisor/Bus. Mgr: _____ Date: _____

Pastor: _____ Date: _____

Processed in Payroll: _____