

PAYROLL STATUS CHANGE/ADDITION

THE FOLLOWING SECTIONS MUST BE FILLED OUT BY PERSON AUTHORIZING CHANGE/ADDITION:

EFFECTIVE DATE _____

EMPLOYEE INFORMATION

NAME _____ SS # _____
 STREET _____
 CITY, STATE, ZIP _____
 PHONE NUMBER _____ DATE OF BIRTH _____
 IS THIS A DRIVING POSITION? YES NO

CHANGE/ADDITION/NEW HIRE

	FROM	TO	ALLOCATIONS	
	<i>(Does not apply to New Employee)</i>		DEPT	%
JOB TITLE				
EXEMPT/NON EXEMPT				
PROGRAM/DEPT.				
HOURS PER WEEK				
FT, PT, ADJ, TEMP				
PAY-HRLY OR SALARY				

REASON (Please check one)

Hired Retirement Re-evaluation of current job
 Rehired Termination Introduction period completed
 Promotion Resignation Leave of Absence from _____ to _____
 Transfer Additional Job

Other comments or explanations _____

(FOR HUMAN RESOURCES USE ONLY)

Dental _____ Personal time _____ Leftover Vac. Cur Yr. _____
 Health Ins. _____ Floating Holiday _____ Accrued Vac. + _____
 TDA _____ Vacation time _____ Total Hours = _____
 United Way _____ Sick time _____ Vac. Payout \$ _____
 Credit Union _____ Life Ins. _____ GTL = _____

Other Comments _____

FILE # _____ DEPT. # _____ MAIL PAYCHECK? _____

PROGRAM DIRECTOR SIGNATURE _____ DATE _____

CEO SIGNATURE _____ DATE _____