

PAYROLL STATUS CHANGE

Effective date _____

NAME: _____

SSN _____

NEW ADDRESS	STREET
	CITY,STATE,ZIP
	TELEPHONE

CHANGE	FROM	TO
POSITION		
ALLOCATION		
DEPT #		
LOCATION		
STATUS		
PAY		

REASON FOR CHANGE			

Leave of Absence	Vacation	FMLA	Other
FROM:	Yes	Yes	
TO:	No	No	

Approved by: _____ Date: _____

