



# Bulloch County Payroll Status Change Form

## Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Account #: \_\_\_\_\_

## Job Change

Job Title: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Department: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Reason for Change: \_\_\_\_\_ Status: \_\_\_\_\_

## Pay Rate Change

Current Title: \_\_\_\_\_ Current Hourly Rate: \_\_\_\_\_

New Title: \_\_\_\_\_ New Hourly Rate: \_\_\_\_\_

Reason for Change: \_\_\_\_\_ Merit Increase (%): \_\_\_\_\_

## Leave of Absence

Date Leave to Begin : \_\_\_\_\_ Actual Return Date : \_\_\_\_\_

Expected Return Date : \_\_\_\_\_ Reason for Leave: \_\_\_\_\_

## Termination

Reason for Termination: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Approval: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval (when required): \_\_\_\_\_ Date: \_\_\_\_\_