COMPANY NAME

PAYROLL STATUS CHANGE

EFFECTIVE DATE

NAME				PAYROLL #:		
NEW ADDRESS	STREET CITY, STATE, 2	ZIP		FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO. DATE OF BIRTH	
CHANGE FROM (DOES NOT APPLY TO NEW EMPLOYEE)			EE)	ТО		
JOB	(= ====================================					
DEPARTMENT						
SHIFT						
PAY						
REASON FOR CHANGE						
□ HIRED □ MERIT INCREASE □ REHIRED □ RESIGNED □ PROMOTED □ RETIRED □ DEMOTED □ LAID-OFF □ TRANSFERRED □ TERMINATED COMMENTS			□ LENGTH OF SERVICE INCREASE □ REEVALUATION OF CURRENT JOB □ PROBATION PERIOD COMPLETED □ UNION CONTRACT REQUIREMENT □			
LEAVE OF CHARGED TO VACATION DYES ADVANCE PAY DYES						
ABSENCE		□ NO	AUTH	ORIZED □NO		
FROM://_	COMMEN	ITS:				
TO://_	_			A	APPROVAL:	

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