



# Bulloch County Payroll Status Change Form

Office Only  
WC: \_\_\_\_\_  
EEOC: \_\_\_\_\_  
Grade: \_\_\_\_\_

## Employee Information

Employee Name: \_\_\_\_\_ Effective 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: \_\_\_\_\_