## EFFECTIVE DATE PAYROLL STATUS CHANGE Payroll # Name: **NEW** STREET CITY, STATE, ZIP **ADDRESS** PHONE ( **FROM** TO **CHANGE** JOB LOCATION PAY **JOB CHANGE BENEFIT CHANGE** ΓMERIT INCREASE \$ MEDICAL DENTAL Γ DELETE $\Gamma$ PROMOTION $\Gamma$ DEMOTION **DEPENDENT** Γ $\Gamma$ TRANSFER Γ CANCEL $\Gamma$ OTHER **EMPLOYEE** COMMENTS, IF NECESSARY: Employee Signature: $\Gamma$ YES **CASH-OUT ONLY REQUEST for** Are you taking the time off? ΓΝΟ SICK and/or Vacation $\Gamma$ hrs.

If YES, Please indicate the

Sick Γ

hrs.

date(s).

EXPLAIN:

To be Approved by

Employee Signature: Manager/Area Supervisor:

**VACATION PAY** 

FROM: / /

TO: / /

			/ /		
Name:		Payroll #			
NEW	TATE, ZIP				
ADDRESS	PHONE ( )				
		FROM		ТО	
CHANGE					
JOB					
LOCATION					
PAY					
JOB CHANGE			BENEFIT CHANGE		
Γ MERIT INCREASE \$ Γ PROMOTION Γ DEMOTION Γ TRANSFER Γ OTHER COMMENTS, IF NECESSARY:			MEDICAL Γ Γ Employee Sig	Γ DELETE DEPENDENT Γ CANCEL EMPLOYEE	
REQUEST for SICK and/or the time off?  VACATION PAY  If YES, Please date(s).		ΓΝΟ	CASH-OUT ONLY  Vacation $\Gamma$ hrs.  Sick $\Gamma$ hrs.		
FROM: / / EXPLAIN		:			
TO: / /					

To be Approved by

Employee Signature: Manager/Area Supervisor:\_\_\_\_

PAYROLL STATUS CHANGE

EFFECTIVE DATE