

PAYROLL STATUS CHANGE

EFFECTIVE DATE

/ /

Name:

Payroll #

NEW ADDRESS	STREET
	CITY, STATE, ZIP
	PHONE ()

	FROM	TO
CHANGE		
JOB		
LOCATION		
PAY		

JOB CHANGE	BENEFIT CHANGE
<input type="checkbox"/> MERIT INCREASE \$ _____ <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHER _____ COMMENTS, IF NECESSARY:	MEDICAL DENTAL <input type="checkbox"/> <input type="checkbox"/> DELETE DEPENDENT <input type="checkbox"/> <input type="checkbox"/> CANCEL EMPLOYEE Employee Signature: _____

REQUEST for SICK and/or VACATION PAY	Are you taking the time off? <input type="checkbox"/> YES <input type="checkbox"/> NO	CASH-OUT ONLY Vacation <input type="checkbox"/> _____ hrs. Sick <input type="checkbox"/> _____ hrs.
	If YES, Please indicate the date(s).	
FROM: / /	EXPLAIN:	
TO: / /		

To be Approved by

Employee Signature: _____ Manager/Area Supervisor: _____

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