



PAYROLL/STATUS CHANGE NOTICE

(To be completed whenever employee status change affects payroll, benefits, job description or work location)

EMPLOYEE _____ EFFECTIVE DATE ____/____/____

WORK LOCATION OR DEPT. _____

EMPLOYEE, PAYROLL, OR SOCIAL SECURITY NUMBER

NATURE OF CHANGE

- Promotion Demotion New Hire Probation Complete
- Termination for (Dismissal) (Resignation) (Retirement) (Other) _____
- Pay Increase (Merit) (Other) _____ Transfer To _____
- Layoff Re-Employment

Leave of Absence From ____/____/____ To ____/____/____

For: Educational Medical Personal Maternity Military

Other _____

To be: Paid Unpaid

COMMENTS

CHANGE PAYROLL

From
\$ _____ per _____

To
\$ _____ per _____

Effective ____/____/____

Authorized By: _____

Approved By: _____

Copies To: _____