

**Payroll/Status  
Change Notice**

North 1st W  
**Employment Agency**

CMG

Effective Date 05/03/2021

Employee Rangel Jeanette  
Last First Middle

Department Normal line 1

**Change(s)**

	From	To (or New Hire)
___ Salary/ Wage	\$ <u>12.00</u> Per <u>hr</u>	\$ <u>14.00</u> Per <u>hr</u>
___ Other	\$ _____ Per _____	\$ _____ Per _____

**Reason For Change(s)**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Demotion       | <input checked="" type="checkbox"/> Merit Increase | <input type="checkbox"/> Rehired     |
| <input type="checkbox"/> Dept. Transfer | <input type="checkbox"/> Probation Complete        | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> New Hire       | <input type="checkbox"/> Promotion                 | <input type="checkbox"/> Retirement  |
| <input type="checkbox"/> Layoff         | <input type="checkbox"/> Reevaluation              | <input type="checkbox"/> Transfer    |
| <input type="checkbox"/> Other          |  |                                      |

Explain reason for change: Machine Operator

**Leave of Absence**

- |                                      |                                       |                                   |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Medical      | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Military    | <input type="checkbox"/> Family Leave |                                   |
| <input type="checkbox"/> Other       |                                       |                                   |

Comments: \_\_\_\_\_

**Office Use Only:**

Last 3 Pay Increase (Date, From/To Amount, & Reason):

Date: 1/11/21 From: \$ 12.00 To: \$ \_\_\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_\_\_ From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_\_\_ From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ Reason: \_\_\_\_\_

Change Authorized By: M Schumacher Date: 5/04/2021

Change Approved By RF: [Signature] Date: 5/6/2021

Change Approved By Agency: \_\_\_\_\_ Date: 1/1/

Employee Signature: Jeanette Rangel Date: 5/18/2021