

# Payroll/Status Change Notice

# Employment Agency

CMG

Effective Date      /      /     

Employee Run Sophara  
Last First Middle

Social Security #:      -      -      Dept.: QA

Employee/Payroll Number     

## Change(s)

	From	To (or New Hire)
Department	\$ <u>    </u> Per <u>    </u>	\$ <u>    </u> Per <u>    </u>
Job Title	\$ <u>    </u> Per <u>    </u>	\$ <u>    </u> Per <u>    </u>
Shift	\$ <u>    </u> Per <u>    </u>	\$ <u>    </u> Per <u>    </u>
<input checked="" type="checkbox"/> Salary/ Wage	\$ <u>10.50</u> Per <u>hr</u>	\$ <u>11.50</u> Per <u>hr</u>
Other	\$ <u>    </u> Per <u>    </u>	\$ <u>    </u> Per <u>    </u>

## Reason For Change(s)

- |                                    |                                               |                                      |
|------------------------------------|-----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Demotion  | <input type="checkbox"/> Merit Increase       | <input type="checkbox"/> Rehired     |
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> Probation Complete   | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> New Hire  | <input checked="" type="checkbox"/> Promotion | <input type="checkbox"/> Retirement  |
| <input type="checkbox"/> Layoff    | <input type="checkbox"/> Reevaluation         | <input type="checkbox"/> Transfer    |
| <input type="checkbox"/> Other     | <u>moved to full time QA on 7/7/11</u>        |                                      |

## 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:     

Change Authorized By: [Signature] Date: 7.7.11  
 Change Approved By RF: [Signature] Date:      /      /       
 Change Approved By Agency: [Signature] Date:      /      /     

[Signature] 7/7/2011