Payroll/Status Change Notice

Employment Agency

CMG

Effective Date __7 / 11 / 11__

Employee __Kin__ ___Tony___

Last   First   Middle

Social Security #:_____-_____-_____ Dept.: _____

Employee/Payroll Number _____

Change(s)

	From		To (or New Hire)	
___ Department	$ _9_	Per _hr._	$ _9.50_	Per _hr_
___ Job Title	$_____	Per _____	$_____	Per _____
___ Shift	$_____	Per _____	$_____	Per _____
✓ Salary/ Wage	$_____	Per _____	$_____	Per _____
___ Other	$_____	Per _____	$_____	Per _____

Reason For Change(s)

- ☐ Demotion
- ☐ Dismissal
- ☐ New Hire
- ☐ Layoff
- ☐ Other

- ☐ Merit Increase
- ☐ Probation Complete
- ☐ Promotion
- ☐ Reevaluation

- ☐ Rehired
- ☐ Resignation
- ☐ Retirement
- ☐ Transfer

Leave of Absence

- ☐ Educational
- ☐ Military
- ☐ Other

- ☐ Medical
- ☐ Family Leave

- ☐ Personal

Comments: _____

Change Authorized By: _____ Date: __7 / 13 / 11__

Change Approved By RF: _____ Date: __7 / 13 / 11__

Change Approved By Agency: _____ Date: __7 / 13 / 11__