

# Payroll/Status Change Notice

# Employment Agency

CMG

Effective Date 7.18.11

Employee Zeilstras Andrew  
Last First Middle

Social Security #: \_\_\_\_\_ Dept.: WHSE

Employee/Payroll Number \_\_\_\_\_

## Change(s)

	From	To (or New Hire)
Department	\$ <u>10.50</u> Per <u>hour</u>	\$ <u>11.00</u> Per <u>hour</u>
Job Title	\$ _____ Per _____	\$ _____ Per _____
Shift	\$ _____ Per _____	\$ _____ Per _____
Salary/ Wage	\$ _____ Per _____	\$ _____ Per _____
Other	\$ _____ Per _____	\$ _____ Per _____

## 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 type="checkbox"/> Promotion          | <input type="checkbox"/> Retirement  |
| <input type="checkbox"/> Layoff      | <input type="checkbox"/> Reevaluation       | <input type="checkbox"/> Transfer    |
| <input type="checkbox"/> Other _____ |   |                                      |

## 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: M Schumacher Date: 7.20.11  
 Change Approved By RF: [Signature] Date: 1/1  
 Change Approved By Agency: [Signature] Date: 7.20.11