

# Payroll/Status Change Notice

# Employment Agency

CML

Effective Date 6/6/11

Employee Jang Cha  
Last First Middle

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

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

### Change(s)

|  | From                      | To (or New Hire)             |
|--|---------------------------|------------------------------|
| Department                                       | \$ <u>9</u> Per <u>hr</u> | \$ <u>9.50</u> Per <u>hr</u> |
| Job Title  | \$ _____ Per _____        | \$ _____ Per _____           |
| Shift  | \$ _____ Per _____        | \$ _____ Per _____           |
| <input checked="" type="checkbox"/> 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: [Signature] Date: 6/6/11

Change Approved By RF: [Signature] Date: 1/1/11

Change Approved By Agency: [Signature] Date: 1/1/11

[Signature] 6/6/2011