

# Payroll/Status Change Notice

# Employment Agency

Effective Date 7, 4, 11

Employee Ding Amore  
Last First Middle

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

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

### Change(s)

	From	To (or New Hire)
Department	\$ <u>8.22</u> Per <u>hr</u>	\$ <u>8.5</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: 7, 5, 11  
 Change Approved By RF: [Signature] Date: 7, 5, 11  
 Change Approved By Agency: [Signature] Date: 1, 1