

**Payroll/Status  
Change Notice**

**Employment Agency**

Effective Date 7, 5, 11

Employee New Harm  
Last First Middle

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

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

**Change(s)**

	From	To (or New Hire)
Department	\$ <u>10.00</u> Per <u>hr</u>	\$ <u>10.00</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