

**Payroll/Status
Change Notice**

Employment Agency

CMCA

Effective Date 7, 11, 11

Employee Livera Camusso
Last First Middle

Social Security #: _____ Dept: _____

Employee/Payroll Number _____

Change(s)

	From	To (or New Hire)
Department	\$ <u>8</u> Per <u>hr</u>	\$ <u>9</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, 11, 11

Change Approved By RF: [Signature] Date: 7, 12, 11

Change Approved By Agency: [Signature] Date: 7, 12, 11