

Payroll/Status Change Notice

Employment Agency

CMG

Effective Date 7, 18, 11

Employee Alvey Agustin
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>10</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)

- Demotion
- Dismissal
- New Hire
- Layoff
- Other
- Merit Increase
- Probation Complete
- Promotion
- Reevaluation
- Rehired
- Resignation
- Retirement
- Transfer *

Leave of Absence

- Educational
- Military
- Other
- Medical
- Family Leave
- Personal

Comments: _____

Change Authorized By: [Signature] Date: 7, 18, 11
 Change Approved By RF: [Signature] Date: 7, 19, 11
 Change Approved By Agency: [Signature] Date: 7, 20, 11