

**Payroll/Status
Change Notice**

Employment Agency

CMG

Effective Date 8, 8, 11

Employee Santos Cruz Patricia
Last First Middle

Social Security #: _____ Dept.: _____

Employee/Payroll Number: _____

Change(s)

	From	To (or New Hire)
Department	\$ <u>8.50/hr</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)

- 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: 8, 8, 11
 Change Approved By RF: [Signature] Date: 8, 11, 11
 Change Approved By Agency: _____ Date: _____

[Signature]