

**Payroll/Status  
Change Notice**

**Employment Agency**

CMG

Effective Date 8, 8, 11

Employee Wells Lee

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

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

**Change(s)**

	From	To (or New Hire)
Department	\$ <u>12</u> Per <u>hr</u>	\$ <u>13</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: 1, 1

[Signature]