

Payroll/Status Change Notice

Employment Agency

ESSG

Effective Date 8/15/11

Employee D. Anh
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>8.50</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 checked="" 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: 8/15/11

Change Approved By RF: [Signature] Date: 8/16/11

Change Approved By Agency: _____ Date: 1/1