

**Payroll/Status  
Change Notice**

**Employment Agency**

Effective Date 8, 22, 11

Employee Thu Sopheap  
Last First Middle

Social Security #: \_\_\_\_\_ Dept.: QA-Formel 1st

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

**Change(s)**

	From	To (or New Hire)
Department	\$ _____ Per _____	\$ _____ Per _____
Job Title	\$ _____ Per _____	\$ _____ Per _____
Shift	\$ _____ Per _____	\$ _____ Per _____
Salary/ Wage	\$ <u>9.50</u> Per <u>HR</u>	\$ <u>10.00</u> Per <u>1st</u>
Other	\$ _____ Per _____	\$ _____ Per _____

**Reason For Change(s)**

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

From back up to full-time  
QA 1st Shift

**Leave of Absence**

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

Comments: \_\_\_\_\_

Change Authorized By: [Signature] Date: 8, 24, 11

Change Approved By RF: [Signature] Date: 8, 24, 11

Change Approved By Agency: [Signature] Date: 8, 24, 11