

**Payroll/Status  
Change Notice**

**Employment Agency**

CMG

Effective Date 9/5/11

Employee Karano Thaen  
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: 9/7/11

Change Approved By RF: [Signature] Date: 9/7/11

Change Approved By Agency: \_\_\_\_\_ Date: 1/1

702 9/8/2011