

**Payroll/Status
Change Notice**

Employment Agency
CMG

Effective Date 9/8/11

Employee Out Saman
Last First Middle

Social Security #: _____ Dept.: _____

Employee/Payroll Number _____

Change(s)

	From	To (or New Hire)
Department	\$ <u>10</u> Per <u>hr</u>	\$ <u>10.75</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: 9/9/11
 Change Approved By RF: [Signature] Date: 9/12/11
 Change Approved By Agency: [Signature] Date: 9/12/11

[Signature]