

# Payroll/Status Change Notice

# Employment Agency

CMG

Effective Date 9/12/11

Employee Vandhavan Kevin  
Last First Middle

Department \_\_\_\_\_

### Change(s)

	From	To (or New Hire)
<input checked="" type="checkbox"/> Salary/ Wage	\$ <u>8</u> Per <u>hr</u>	\$ <u>8.50</u> Per <u>hr</u>
<input type="checkbox"/> Other	\$ _____ Per _____	\$ _____ Per _____

### Reason For Change(s)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Demotion       | <input checked="" type="checkbox"/> Merit Increase | <input type="checkbox"/> Rehired     |
| <input type="checkbox"/> Dept. Transfer | <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: \_\_\_\_\_

### Office Use Only: Started 6/8/11 - First Review

Last 3 Pay Increase (Date, From/To Amount, & Reason):

Date: \_\_\_\_\_ From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ Reason: \_\_\_\_\_

Date: \_\_\_\_\_ From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ Reason: \_\_\_\_\_

Date: \_\_\_\_\_ From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ Reason: \_\_\_\_\_

Change Authorized By: [Signature] Date: 9/14/11

Change Approved By RF: [Signature] Date: 9/15/11

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

[Signature]