

**Payroll/Status  
Change Notice**

**Employment Agency**  
CMG

Effective Date 9/19/11

Employee Knell Marius  
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 6/30/11 First review

Last 3 Pay Increase (Date and From/To Amount):

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

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

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

Change Authorized By: [Signature] Date: 9/19/11

Change Approved By RF: [Signature] Date: 9/19/11

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

[Signature]