

**Payroll/Status
Change Notice**

Employment Agency

CMG

Effective Date 9, 19, 11

Employee Nanku Ammand
Last First Middle

Department _____

Change(s)

	From	To (or New Hire)
<input checked="" type="checkbox"/> Salary/ Wage	\$ <u>9</u> Per <u>hr</u>	\$ <u>9.50</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: 1st 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: _____

Change Approved By Agency: _____ Date: _____

[Signature]