

Payroll/Status Change Notice

Employment Agency

ESSG

Effective Date 10 / 10 / 11

Employee Muedock Brian
Last First Middle

Department _____

Change(s)

	From	To (or New Hire)
<input checked="" type="checkbox"/> Salary/ Wage	\$ <u>6</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:

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: 10 / 10 / 11

Change Approved By RF: [Signature] Date: 10 / 13 / 11

Change Approved By Agency: _____ Date: _____

[Signature]