

PAYROLL / STATUS CHANGE NOTICE

This document is editable in the highlighted fields

TO: Personnel/Payroll Office

FROM:

DATE: / /

Effective Date of Change / /

Employee _____
Last First Middle

Social Security # _____ Department _____

Changes(s)

Change of	From	To/New Hire Information
<input type="checkbox"/> Department	_____	_____
<input type="checkbox"/> Job Title	_____	_____
<input type="checkbox"/> Full-Time Permanent	_____	_____
<input type="checkbox"/> Part-Time Permanent	_____	_____
<input type="checkbox"/> Part-Time Temporary	_____	_____
<input type="checkbox"/> Salary/Wage	_____	_____
<input type="checkbox"/> Retired	_____	_____
<input type="checkbox"/> Probation (New Hire)	_____	_____
(Indicate length of probation here)	_____	_____
<input type="checkbox"/> Former Employment	_____	_____
	<i>State or local government</i>	<i>Name of organization/Agency</i>
<input type="checkbox"/> Other	_____	_____

Reason for Change(s)

<input type="checkbox"/> Demotion	<input checked="" type="checkbox"/> Career Development Increase	<input type="checkbox"/> Resignation
<input type="checkbox"/> Dismissal	<input type="checkbox"/> Probation Complete	<input type="checkbox"/> Retirement
<input type="checkbox"/> New Hire	<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer
<input type="checkbox"/> Layoff	<input type="checkbox"/> Reevaluation of Existing Job	<input type="checkbox"/> Rehired/Reinstated
<input type="checkbox"/> Length of Service Increase	<input type="checkbox"/> Other _____	

Leave of Absence

<input type="checkbox"/> Military	<input type="checkbox"/> Family Medical Leave (specify)	<input type="checkbox"/> Educational
<input type="checkbox"/> Other _____		

Comments

Change Authorized by _____ Date / /

Change Approved by _____ Date ___/___/_____