



Employee Payroll Status Form

Name:

Dept:

SSN:

Date:

New Employee

Title:

Start Date:

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☐

Full-Time
Temporary

☐
☐

Part-Time (A)
Internship

☐

Part-Time (B)

Pay Rate:

Hourly \$

Salaried \$

Current Employee Changes

Change pay rate from \$

to \$

Effective Date:

Reason:

☐
☐
☐
☐

Completed Evaluation Period
Temp to Part or Full-Time
Promotion
Other

☐
☐
☐
☐

Part-Time to Full-Time
Full-Time to Part-Time
Demotion
Annual Review

Leave of Absence:

Reason:

☐
☐
☐

Maternity Leave
FMLA
Military Leave

☐
☐

Disability, Work-Related
Disability, Non-Work Related

Start Date:

Return Date:

Termination of Employee Status

Reason:

☐
☐
☐

Failure to successfully complete Evaluation Period
Resignation
Discharge

☐
☐

Layoff
End of temporary job

Effective Date (last day of employment):

Pay accumulated leave:

☐

Sick Leave

☐

Vacation Leave

Employee Address:

Employee Phone Number:

Comments:

Department Head:

Date: