



Employee Payroll Status Form

Name:

Dept:

SSN:

Date:

New Employee

Title:

Start Date:

Full-Time

Part-Time (A)

Part-Time (B)

Temporary

Internship

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: