Print Form

Agency/Office: _____

PERSONNEL/PAYROLL CHANGE FORM

EMPLOYEE NAME _____ EMPLOYEE NUMBER _____

EMPLOYEE INFORMATION CHANGE:

☐ NAME* FROM _____ TO _____ Effective Date _____

☐ MARITAL STATUS* FROM _____ TO _____ Effective Date _____

☐ ADDRESS _____

Street _____ Apt. No. City _____ State _____ Zip Code _____

☐ **PHONE NO**. (Include area code) _____

☐ **OTHER** (Explain) _____

*Attach new W-4

STATUS CHANGE: Effective Date: _____

☐ **TERMINATION**: ☐ Resignation ☐ Discharge **Last Day Worked**: _____

☐ **LEAVE OF ABSENCE:** (Attach Completed Request to Schedule or Reason for Time Off form)

☐ **RETURN FROM LEAVE OF ABSENCE** (Attach physician release from disability leave)

FROM:	TO:	FROM:	TO
☐ NON-EXEMPT	☐ EXEMPT	☐ FULL TIME	☐ FULL TIME
☐ EXEMPT	☐ NON-EXEMPT	☐ PART TIME	☐ PART TIME
		☐ PER DIEM	☐ PER DIEM

CHANGES TO PAYROLL

☐ **WAGERATE**: Effective Date: _____

Hourly	FROM	_____	TO	_____
F/U	FROM	_____	TO	_____
Admit	FROM	_____	TO	_____
Oasis	FROM	_____	TO	_____
High Acuity Admit	FROM	_____	TO	_____
Non Oasis Admit	FROM	_____	TO	_____
Evaluation Only/NoAdmit	FROM	_____	TO	_____
On Call	FROM	_____	TO	_____

☐ **CORRECTION(S)** (Explain): _____

_____

To be processed Pay Period Ending: _____

_____ _____

EMPLOYEE'S SIGNATURE DATE

_____ _____

COMPLETED BY DATE

_____ _____

ADMINISTRATOR/DESIGNEE'S SIGNATURE DATE