

Payroll/Status Change Form

New Hire
 Change
 Separation

Employee Information:

Effective Date of Change: _____ Employee/Payroll # _____ Social Security # _____
 Employee Name : _____ Department _____ Telephone () _____
Last First
 Address _____ Date of Hire _____
Street Apt
 _____ Date of Birth _____
City State Zip

Employee Status:

Exempt
 Non-Exempt
 Part-time
 Hourly
 Salary
 Full-time
 FT Temporary _____
of months/wks/days
 PT Temporary _____
of months/wks/days

Position:

10 month position (perm)
 10 month position (temp)
 12 month position (perm)
 12 month position (temp)

Change(s) for Employee:

<u>TYPE</u>	<u>OLD</u>	<u>NEW</u>	<u>COMMENTS</u>
Address Change			
Add Dependent			
Marital Status			
Benefit Change			
Insurance Eligibility			
Promotion/Demotion			
Transfer			
LOA			
Resignation			
Retirement			
Rehire			
Status Change			
Re-evaluation of current position			
Annual Increase			
Merit Increase	\$	\$	% increase

Supervisor Signature _____ Date _____

Human Resources Signature _____ Date _____

President Signature _____ Date _____

Manager Signature (if applicable) _____ Date _____

Vice President for Finance & Administration Signature _____ Date _____

Employee Signature _____ Date _____