**Employee Status Payroll Change Form**

**Employee Details
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Current Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Payroll Change
[ ] Promotion
[ ] Salary Adjustment
[ ] Role Change
[ ] Leave Without Pay
[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Details of Change
Effective Date of Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
New Salary/Hourly Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Pay Schedule: [ ] Monthly [ ] Biweekly [ ] Weekly
New Benefits (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payroll Deductions (check all that apply):
[ ] Insurance Adjustment
[ ] Tax Withholding Change
[ ] Retirement Contribution
[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval Signatures
Manager/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
HR Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employee Acknowledgment:
I confirm the details above are accurate and agree to the payroll updates.
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**