

# 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:** \_\_\_\_\_