

Payroll/Status Change Form

☐ New Hire

☐ Change

☐ Separation

Employee Information:

Effective Date of Change: _____ Employee/Payroll # _____

Employee Name : _____ Department _____ Telephone () _____

Address _____ Date of Hire _____

Street

Apt

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			
Title Change			
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 _____

Senior Vice President for Finance & Administration Signature _____ Date _____

Employee Signature _____ Date _____