

Payroll/Status Change Form

New Hire
 Change
 Separation

Employee Information

Effective Date of Change: _____ Employee/Payroll #: _____
 Employee Name: _____ Department: _____
 Address: _____ Date of Hire: _____
 _____ Date of Birth: _____

Employee Status

Exempt
 Non-Exempt
 Part-time
 Full-time
 Hourly
 Salary

Change(s) for Employee

Type	Previous	New	Comments/Reasons
New Hire Rate	n/a		
New Hire Title	n/a		
New Hire Supervisor	n/a		
Rehire			
Transfer			
Reclassification			
Merit Increase	\$	\$	% increase
Annual Increase	\$	\$	% increase
Promotion Increase	\$	\$	% increase
Promotion Title Change			
Demotion Decrease	\$	\$	% decrease
Demotion Title Change			
Leave of Absence			
Supervisor Change			
Separation			
Other			

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

(Incomplete forms may result in processing delays)

For Administration Use Only

Date Received: _____

Payroll Updated – Date Entered: _____
 File Updated – Date Entered: _____