

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 _____