

# PAYROLL CHANGE

**EFFECTIVE DATE** \_\_\_\_\_

THIS FORM DOES NOT APPLY TO NEW HIRES

EMPLOYEE I.D.#.	NAME (LAST)	FIRST	M.I.	SOCIAL SECURITY #
STREET				
CITY	ST	ZIP	PHONE #	PAY GRADE
<b>CHANGE</b>	<b>FROM</b>		<b>TO</b>	
JOB				
DEPT.				
SHIFT				
PAY				

**REASON FOR CHANGE:**

- |                                      |                                     |                                    |                                    |   |   |
|--------------------------------------|-------------------------------------|------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> HIRED       | <input type="checkbox"/> REHIRED    | <input type="checkbox"/> PROMOTION | <input type="checkbox"/> DEMOTION  | <input type="checkbox"/> TRANSFER       | <input type="checkbox"/> OTHER (see comments) |
| <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> LAYOFF    | <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> MERIT INCREASE |   |

**COMMENTS**

LEAVE OF ABSENCE		CHARGED TO VACATION	ADVANCED PAY AUTHORIZED	OTHER
FROM	TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SUPERVISOR:		APPROVED BY:		DATE