

PAYROLL CHANGE NOTICE

Effective Date of Change	Name	Employee #	EEOC Code
Department	Shift	FLSA Status	Full Time: Part Time:
		Exempt: Non-exempt:	Temporary: Permanent:

The Change(s):

✓ All Applicable Boxes	From	To
Department		
Job		
Shift		
Rate		
Address/Phone		
Benefit Plan		
Other:		
Other:		

The Reason for the Change(s):

Hired		Probationary Period Completed
Re-Hired		Length of Service Increase
Promotion		Re-evaluation of Existing Job
Demotion		Resignation
Transfer		Retirement
Merit Increase		Layoff
Wage Scale Change		Discharge
Leave of Absence From		Until
Type of Leave:		
Other (Explain)		

Authorization:

Employee Signature

Date

Supervisor Signature

Date

Human Resources Manager Signature

Date