PAYROLL STATUS CHANGE FORM

NOTE: All appropriate fields must be completed **BEFORE** submission!

Employee Name: _____

Department: _____ Date of Last Raise (DOL): _____

Type of Change:

❏ Rate Increase ❏ Rate Decrease

❏ Department Change ❏ Termination

❏ Promotion ❏ Other

Old Rate: _____ New Rate: _____

Old Dept.: _____ New Dept.: _____

Old Title: _____ New Title: _____

Reason for Change: _____

_____

_____

If terminated, would you rehire? ❏ Yes ❏ No

Submitted by: _____ Date: _____

Approved/Unapproved by: _____ Date: _____

This change effective: _____

Comments: _____

_____

_____

_____