

PAYROLL STATUS CHANGE

Name: _____

Payroll#: _____

Effective Date: _____

*This form is to be used for status change within a program. If employee is new to a program the Notice of New Hire Form should be completed. If the employee is leaving a program the Separation from Employment Form is to be completed.

CHANGE

	FROM	TO
POSITION		
PROGRAM		
STATUS	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time
PAY		
PAY GRADE		
HOURS		
CLASSIFICATION	<input type="checkbox"/> Hourly/Non-exempt <input type="checkbox"/> Salary/Exempt	<input type="checkbox"/> Hourly/Non-exempt <input type="checkbox"/> Salary/Exempt

REASON FOR CHANGE

COST OF LIVING INCREASE

LENGTH OF SERVICE INCREASE

JOB TITLE CHANGE

MERIT INCREASE

PROMOTION

REEVALUATION OF CURRENT JOB

DEMOTION

PROBATION PERIOD COMPLETE

OTHER: _____

COMMENTS: _____

Program Director

DATE

Associate/Executive Director

DATE

FOR SUPPORT SERVICE USE ONLY

NEW JOB DESCRIPTION SENT ON _____

DATE PAYROLL RECORDS UPDATED _____

BENEFITS UPDATED ON _____

DATE PERSONNEL FILE UPDATED _____

RECEIVED IN HR ON _____

RECEIVED IN FINANCE ON _____