PAYROLL / PERSONNEL STATUS CHANGE NOTICE

Effective Date of Change ☐ ☐ New Hire ☐ Change ☐ Separation

Employee Name ☐ ☐ ☐
Last First Middle

Soc. Sec. Number ☐ Employee/Payroll Number ☐ Dept ☐

NEW HIRE INFORMATION

Address: ☐ ☐ ☐ ☐
Street City State Zip

Phone Number ☐ Date of Birth (for administrative use only) ☐ Hire Date ☐

Status: ☐ Full-Time ☐ Part-Time ☐ Full-Time Temporary ☐ Part-Time Temporary ☐ Other ☐

Job Title ☐ ☐ Exempt ☐ Hourly W-4 attached? ☐ Yes ☐ No

CHANGE(S) FOR CURRENT EMPLOYEE

TYPE OF CHANGE	FROM	TO	COMMENTS
☐ Name			
☐ Street 1			
☐ Street 2			
☐ City, State Zip			
☐ Telephone			
☐ Job Title			
☐ Department			
☐ Shift			
☐ W Comp Class			
☐ Salary (Hourly/Weekly)			
☐ Pay Code (Hourly/Salary)			
☐ Pay Grade			
☐ Status (Full/Part Time)			
☐ 401k Contribution			
☐ Medical Insurance Deduction			
☐ Dental Insurance Deduction			
☐ Voluntary Life Deduction			
☐ Voluntary STD Deduction			
☐ Status			
☐ Other			

Additional Comments ☐

LEAVE OF ABSENCE/VACATION

Begin Leave ☐ Return From Leave ☐

☐ Personal ☐ Medical ☐ Vacation ☐ Other ☐

SEPARATION

Separation Date ☐ Last Day Worked ☐ Last Day Paid ☐

☐ Voluntary Separation ☐ Involuntary Separation

Employee Signature (optional) _____ Date ☐

Supervisor/Manager Signature _____ Date ☐

HR Manager Signature _____ Date ☐

☐ Go