

Payroll Change Notice

Company:



Date: EMPLOYEE CURRENT INFORMATION

Employee Name:
Department:

ID #:
Position Title:
Officer Title:

Please complete this section by selecting all changes needed.

Reason for Change(s):

Effective Date of Change:

- Promotion
- Salary Change
- Transfer
- Leave of Absence:
Start Date: _____ End Date: _____
- Other (explain): _____
- Termination

Change Category	Current			Change		
	Full-Time Peak-Time	Part-Time>30 Temporary	Part-Time	Full-Time Peak-Time	Part-Time>30 Temporary	Part-Time
Employment Type:						
Rate:	Old Rate: Annual: Hourly:			New Rate: Annual: Hourly:		
Status:	Old Status:			New Status:		
Grade/Pay Type:	Old Grade:		Hourly Salaried	New Grade:		Hourly Salaried
Position Title:						
Officer Title:						
Department:						
Location:						
Manager:						
Other:						

Approval(s):

(Supervisor)

(Department Manager)

(Human Resources)

Date: _____

Date: _____

Date: _____

Required for Salary Adjustment:

(HR Business Partner)

(SVP)

(EVP/Chief)

Date: _____

Date: _____

Date: _____

Adjustments above \$5,000

(CEO and President)

Date: _____