

PAYROLL CHANGE FORM
(Payroll/Status/Action)

Employee	Employee Number
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NEW HIRE

Effective Date _____

Position _____ Department _____ Pay rate \$ _____ per _____

Classification Introductory Regular full-time Exempt Non-exempt

Tax Withholding status (*attach W-4*) Single Part-time Temporary

Married

Additional Notes/Comments _____

PAY/BENEFIT CHANGE(S)

Effective Date _____

Rate of Pay From: \$ _____ Per Hour Week Month Year
To: \$ _____ Per Hour Week Month Year

Bonus or other payment \$ _____ Average Hours _____ per _____

Position/Title Change From: _____ To: _____

Change in tax exemptions – **Attach new W-4**

Marital status Single Married Divorced Death of spouse

Dependents Add Delete Name(s)/Relationship _____

Address/phone change _____

Additional Notes/Comments _____

OTHER CHANGES

Type of Change	From	To	Effective Date
_____	_____	_____	_____

Comments: _____

TERMINATION OF EMPLOYMENT

Last Date Worked _____

Quit with Notice Quit without Notice Laid Off Terminated End of Assignment

Additional Notes/Comments: _____ Eligible for Rehire: Yes No

Approved:	_____	_____
	Signature	Date

cc: Employee, Payroll, Employee File