

PAYROLL STATUS CHANGE

NAME Legal Name	Effective Date:
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New Address Street:	For New Employees Only:
City, State, Zip:	Social Security #
Telephone:	Date of Birth:

CHANGE	FROM	TO
Generic Job Title		
	Check one: Non-Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	Check one: Non-Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt
Specific Job Title		
Addendum:	1: Exempt Regular <input type="checkbox"/> 1: Exempt Regular <input type="checkbox"/> 2: Non-Exempt Regular <input type="checkbox"/> 3: Non-Exempt Residential <input type="checkbox"/> 4: Exempt Residential	1: Exempt Regular <input type="checkbox"/> 1: Exempt Regular <input type="checkbox"/> 2: Non-Exempt Regular <input type="checkbox"/> 3: Non-Exempt Residential <input type="checkbox"/> 4: Exempt Residential
Division		
Program		***
Work Location		
Hours per Week		
Complete Only ONE:	Hourly Rate: Annual Salary:	Hourly Rate: Annual Salary:

REASON FOR CHANGE

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Hired | <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Additional Position | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Orientation Period Completed | <input type="checkbox"/> Re-hired | <input type="checkbox"/> Layoff | |
| <input type="checkbox"/> Re-evaluation of Current Job | <input type="checkbox"/> Transfer | <input type="checkbox"/> Discharge | |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Demotion | <input type="checkbox"/> Retirement | |
| <input type="checkbox"/> Orientation Extended | <input type="checkbox"/> Inactive | <input type="checkbox"/> Other | |

LEAVE OF ABSENCE

Date From:
Date To:
Charge to Vacation: <input type="checkbox"/> Yes
Medical Leave: <input type="checkbox"/> Yes

Comments:	*** If charged across multiple programs, indicate % in each program										
	<table border="1" style="width:100%"> <thead> <tr> <th style="width:10%">%</th> <th style="width:90%">Program</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	%	Program								
%	Program										

Authorized By:
Date:

Approved By:
Date: