

# PAYROLL CHANGE NOTICE

Effective Date of Change	Name			Employee #	
Department	Shift	FLSA Status			
		Exempt:		Non-exempt:	

## The Change(s):

✓ All Applicable Boxes	From	To
Department		
Job		
Shift		
Rate		
Address/Phone		
Benefit Plan		
Other:		
Other:		

## The Reason for the Change(s):

Hired		Probationary Period Completed
Re-Hired		Length of Service Increase
Promotion		Re-evaluation of Existing Job
Demotion		Resignation
Transfer		Retirement
Merit Increase		Layoff
Wage Scale Change		Discharge
Leave of Absence From		Until
Type of Leave:		
Other (Explain)		

## Authorization:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Manager Signature

\_\_\_\_\_  
Date