

PAYROLL STATUS CHANGE

EFFECTIVE DATE

/ /

NAME: _____

PAYROLL #: _____

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.
	CITY, STATE, ZIP		DATE OF BIRTH
	TELEPHONE		

CHANGE	FROM	TO
	(DOES NOT APPLY TO NEW EMPLOYEE)	
JOB		
DEPARTMENT		
SHIFT		
PAY		

REASON FOR CHANGE

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> HIRED | <input type="checkbox"/> MERIT INCREASE | <input type="checkbox"/> LENGTH OF SERVICE INCREASE |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> REEVALUATION OF CURRENT JOB |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> UNION CONTRACT |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> _____ |

COMMENTS, IF NECESSARY _____

LEAVE OF ABSENCE	CHARGED TO VACATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADVANCE PAY AUTHORIZED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER, EXPLAIN:			
	FROM: / /			
TO: / /				

AUTHORIZED BY _____ APPROVED BY _____

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2. PERSONNEL
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