Payroll Change Notice

Employee Name:

Please complete this section by selecting all changes needed. **Effective Date of Change:**

Reason for Change(s):

Change Category	Change
☐ Employment Type:	☐ Full-Time ☐ Part-Time>30 ☐ Part-Time ☐ Peak-Time ☐ Temporary
☐ Rate:	New Rate: Annual: Hourly:
☐ Status:	New Status:
☐ Grade/Pay Type:	New GradeChoose an item. ☐ Hourly ☐ Salaried
☐ Position Title:	
☐ Officer Title:	Choose an item.
☐ Department:	Choose an item.
☐ Location:	
☐ Manager:	
☐ Other:	

Required for Salary Adjustment:

_____ Date: _____
(HR Business Partner)

_____ Date: _____
(SVP)

_____ Date: _____
(EVP/Chief)

Salary Adjustment up to $7,500:

_____ Date: _____
(EVP, CHRO)

Salary Adjustment above $7,500:

_____ Date: _____
(CEO and President)