

Payroll Change Notice

Company:



Date:

Employee Name:
Department:

ID #:
Position Title:
Officer Title:

Please complete this section by selecting all changes needed.

Reason for Change(s):

Effective Date of Change:

- Promotion
- Salary Change
- Transfer
- Leave of Absence:
Start Date: _____ End Date: _____
- Other (explain): _____
- Termination:

Change Category	Current			Change		
	Full-Time Peak-Time	Part-Time>30 Temporary	Part-Time	Full-Time Peak-Time	Part-Time>30 Temporary	Part-Time
Employment Type:						
Rate:	Old Rate: per			New Rate: per		
Status:	Old Status:			New Status:		
Grade:	Old Grade:			New Grade:		
Position Title:						
Officer Title:						
Department:						
Location:						
Manager:						
Other:						

Approval(s):

(Supervisor)

Date: _____

(Department Manager)

Date: _____

(Human Resources)

Date: _____

Required for Salary Adjustment:

(HR Business Partner)

Date: _____

(SVP)

Date: _____

(EVP/Chief)

Date: _____

Adjustments \$5,000 and above

(CEO and President)

Date: _____