

Instructions: Completed form needs to be approved by Manager prior to being given to HR/Payroll

PAYROLL/STATUS CHANGE FORM

Effective Date of Change: _____

Employee Name: _____

Job Title: _____

Change(s) for Current Employee

Address Change

From: _____

To: _____

Department

From: _____

To: _____

Insurance Eligibility

From: _____

To: _____

Job Title

From: _____

To: _____

Salary/Wage

From: _____

To: _____

Transfer

From: _____

To: _____

Additional Comments: _____

Employee Signature Date

Manager Signature Date

HR/Payroll Signature Date