



# PAYROLL CHANGE NOTICE

To: Infiniti HR Payroll Department  
Fax #: 240-722-0090

From: \_\_\_\_\_, @ \_\_\_\_\_  
Contact Name Client/Worksite Name

Please make the following change(s) to the following payroll record to take effect:

\_\_\_\_\_ Date & Time

Employee:

Social Security Number:

Clock No.:

**THE CHANGE(S):**

<input checked="" type="checkbox"/> Check all Applicable Boxes	From	To
<input type="checkbox"/> Department		
<input type="checkbox"/> Job Title		
<input type="checkbox"/> Shift, PT or FT Status		
<input type="checkbox"/> Pay Rate		
<input type="checkbox"/> FLSA Classification		

**REASON FOR THE CHANGE(S):**

<input type="checkbox"/> Hired	<input type="checkbox"/> Transfer	<input type="checkbox"/> Length of Service Increase	<input type="checkbox"/> Retirement
<input type="checkbox"/> Re-hired	<input type="checkbox"/> Merit Increase	<input type="checkbox"/> Re-evaluation of Existing Job	<input type="checkbox"/> Layoff
<input type="checkbox"/> Promotion	<input type="checkbox"/> Union Scale	<input type="checkbox"/> Resignation	<input type="checkbox"/> Discharge
	<input type="checkbox"/> Demotion	<input type="checkbox"/> Probationary Period Completed	

▪ Leave of Absence from: \_\_\_\_\_ until \_\_\_\_\_  
Date Date

▪ Other [Explain]:

Change(s) Authorized by:

Date: