Payroll Change Notice

To: Payroll Department

Employee:

Social Security Number:

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

_____
Date

THE CHANGE(S):

✓ Check all Applicable Boxes	From	To
☐ **Pay Rate**		
☐ **Status (FT/PT) or (Term/Rehire)**		
☐ **Job**		
☐ **Department**		
☐ **Location**		

REASON FOR THE CHANGE(S):

☐ **Promotion**	☐ **Transfer**	☐ **Length of Service Increase**	☐ **Retirement**
☐ **Re-hired**	☐ **Merit Increase**	☐ **Re-evaluation of Existing Job**	☐ **Hours Increased**
☐ **Returned to Work**	☐ **Union Scale**	☐ **Attending School**	☐ **Hours Reduced**
	☐ **Demotion**	☐ **Probationary Period Completed**	

- **Leave of Absence from:** _____ **until** _____
  Date Date

- **Other [Explain]:**

Change(s) Authorized by: Date: