PAYROLL STATUS CHANGE PAYROLL #: NAME: STREET SOCIAL SECURITY NO. NEW CITY, STATE, ZIP FOR NEW **ADDRESS** EMPLOYEE DATE OF SIRTH TELEPHONE FROM CHANGE TO (DOES NOT APPLY TO NEW EMPLOYEE) JOB DEPARTMENT SHIFT PAY **REASON FOR CHANGE** MERIT INCREASE LENGTH OF SERVICE INCREASE ☐ HIRED REEVALUATION OF CURRENT JOB RESIGNATION ☐ REHIRED PROBATION PERIOD COMPLETED RETIREMENT PROMOTION UNION CONTRACT LAYOFF DEMOTION DISCHARGE TRANSFER COMMENTS, IF NECESSARY YES CHARGED TO **ADVANCE PAY** D YES LEAVE OF □ NO VACATION **AUTHORIZED** ON C **ABSENCE** OTHER, EXPLAIN: FROM: TO:

AUTHORIZED BY.

APPROVED BY

COPIES TO: 1. PAYROLL

2. PERSONNEL

3. DEPARTMENT HEAD

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