

Payroll Status Change

Effective Date

/ /

Employee Name: _____

Employee Number: _____

NEW ADDRESS	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	

CHANGE	FROM	TO
PAY RATE		
POSITION		
STATUS		

REASON FOR CHANGE

LEAVE OF ABSENCE	Explanation:
FROM:	
TO:	

Authorized by: _____ Approved by: _____

Received by: _____

Action completed by: _____