

PAYROLL STATUS FORM

EMPLOYEE INFORMATION					
Employee Name:					
		<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Employee Address:		City/State/Zip:			
Employee ID Number:		Location		Date:	
CLASSIFICATION CHANGES					
Change		Old Information		New Information	
Transfer:	<input type="checkbox"/>	Title/Location		Title/Location	
Promotion:	<input type="checkbox"/>	Title/Location		Title/Location	
Demotion:	<input type="checkbox"/>	Title/Location		Title/Location	
Status:	<input type="checkbox"/>	Part Time / Full Time		Part Time / Full Time	
Salary:	<input type="checkbox"/>	Salary:		Salary:	
ADJUSTMENT INFORMATION					
Reason for Adjustment:					
<input type="checkbox"/> Promotion		<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> Transfer		<input type="checkbox"/> Length Of Service			
<input type="checkbox"/> Re-Hired		<input type="checkbox"/> Re-Evaluation Of Existing Job			
<input type="checkbox"/> Demotion					
<input type="checkbox"/> Other (Please Explain)		_____			

**NOTE – When applicable, attach supporting documentation such as performance reviews.					
ADJUSTMENT DETAILS					
Effective Date:				Next Review Date:	
Current Pay Amount:				New Pay Amount:	
SIGNATURES					
Employee Signature:				Date:	
Supervisor Signature:				Date:	
Human Resources Representative Signature:				Date:	