

## PAYROLL CHANGE NOTICE

<b>EMPLOYEE NAME:</b>	
<b>EMPLOYEE #:</b>	
<b>HIRE DATE:</b>	<b>LAST DATE WORKED:</b>

CHANGES:	FROM	TO:	PERCENT	ANNUAL COST	EFFECTIVE DATE:
NEW HIRE					
TERMINATION					
LEAVE OF ABSENCE					
DEPARTMENT					
POSITION					
RATE OF PAY					
HEALTH INSURANCE					
DENTAL REIMBURSE					
LIFE					
HSA					
401(K)					

REASON FOR CHANGES: CHECK ALL THAT APPLY		
<input type="checkbox"/> LAY OFF	<input type="checkbox"/> UNACCEPTABLE PERFORMANCE	<input type="checkbox"/> PROMOTION
<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> UNACCEPTABLE CONDUCT	<input type="checkbox"/> DEMOTION
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> UNACCEPTABLE ATTENDANCE	<input type="checkbox"/> MERIT INCREASE
<input type="checkbox"/> TERM FOR CAUSE	<input type="checkbox"/> PERSONAL REASONS	<input type="checkbox"/> TRANSFER
<input type="checkbox"/> BETTER POSITION	<input type="checkbox"/> LACK OF WORK	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> IS THIS EMPLOYEE REPLACING SOMEONE? WHO?		
COMMENTS:		
<b>ELIGIBLE FOR REHIRE?                      YES                      NO</b>		
COMMENTS:		
<b>LAST RAISE DATE:</b>		<b>LAST RAISE AMOUNT:</b>
<b>DOES THIS PAY RATE FALL WITHIN POSITION PAY BANDS?                      YES                      NO</b>		
IF NO, WHY OR WHY NOT?		
<b>AUTHORIZED BY:</b>		<b>DATE:</b>
<b>APPROVED BY:</b>		<b>DATE:</b>