

PAYROLL STATUS CHANGE

Effective Date _____

NAME: _____

PrintStream # _____

REASON FOR CHANGE

- ☐ Hired (☐ Full Time ☐ Part Time)
- ☐ Rehired (☐ Full Time ☐ Part Time)
- ☐ Other _____
- ☐ 90-day Review
- ☐ Merit Increase
- ☐ Promotion/Transfer
- ☐ Termination
- ☐ Layoff
- ☐ Resignation

Comments: _____

	CURRENT	NEW
Position		
Department		
Shift		
Base Pay		
Shift Differential/Lead Pay		
TOTAL		

Next Review Date: _____

Employee Signature: _____

TRAINING (This section must be completed on all new employees and promotions/transfers.)

- Does this employee require PIT training? ☐ Yes ☐ No If Yes ☐ Pallet Jack ☐ Fork Lift
- Job requirements met? ☐ Yes ☐ No
- If no, are requirements being waived? ☐ Yes ☐ No List training needed: _____

Requested by: _____

Exec. Approval: _____

HR/PAYROLL ONLY

- Changes made in:
- Benefits: _____
- Payroll: _____
- EEO Code: _____
- PrintStream: _____
- Labor Table: _____
- W/C Code: _____
- Org Chart: _____