Payroll Status Change Notice

Employee Name: _____ Last 4 digits of SSN: _____

NEW HIRE/REHIRE

Position: _____ | Department/#: _____ Allocation: _____%

Date of Hire: _____ 1st Check: _____ | Department/#: _____ Allocation: _____%

Department/#: _____ Allocation: _____%

<u>Hourly</u>

Hourly Rate: $_____

❑Full-time ❑Part-time I (20+ hrs) ❑Part-time II

Maximum number of hours per week: _____

<u>Salary</u>

Annual Salary: $_____

❑Full-time ❑Part-time I (20+hrs) ❑Part-time II

Number of hours per week: _____

CURRENT EMPLOYEE

Effective Date: _____

<u>Hourly Rate Change</u>

From: $_____   To: $_____

<u>Status Change To:</u>

❑ Full-time

❑ Part-time I (20+hrs) ❑ Part-time II

Maximum number of hours per week: _____

Benefits: ❑ Add   ❑ Delete   [see attached]

<u>Salary Change</u>

From: $_____   To: $_____

<u>Position/Title Change:</u>

From: _____

To: _____

<u>Termination of Employment</u>   Last Date Worked: _____

❑Quit with Notice   ❑Quit without Notice   ❑Terminated   ❑Retired   ❑Other: _____

AUTHORIZATION

Supervisor/Bus. Mgr: _____   Date: _____

Pastor: _____   Date: _____

Processed in Payroll: _____