



## Payroll Status Change Form

Company Name : \_\_\_\_\_

Employee Name : \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Effective Date of Change : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Reclassification

STATUS	FROM	TO
Pay Rate		
Pay Type (Salary, Hourly, Commission)		
Status (Full-Time, Part-Time)		
Job Title		
Department Transfer		
Workers' Comp Code		
Other		

### Termination

Termination date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last Date Worked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* If different from Termination Date\*

Please give a brief description of circumstances that lead to the termination: \_\_\_\_\_  
 \_\_\_\_\_

### Personal Change Information

- Name Change   
  Address Change   
  Phone Change

Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Payroll Deductions

		<u>Reoccurring</u>		
Cellular:	\$ _____ per/Check	<input type="radio"/> One Time	<input type="radio"/> W/out Limit	<input type="radio"/> W/Limit: \$ _____
Equipment:	\$ _____ per/Check	<input type="radio"/> One Time	<input type="radio"/> W/out Limit	<input type="radio"/> W/Limit: \$ _____
Loan:	\$ _____ per/Check	<input type="radio"/> One Time	<input type="radio"/> W/out Limit	<input type="radio"/> W/Limit: \$ _____
Uniform:	\$ _____ per/Check	<input type="radio"/> One Time	<input type="radio"/> W/out Limit	<input type="radio"/> W/Limit: \$ _____
Other:	\$ _____ per/Check	<input type="radio"/> One Time	<input type="radio"/> W/out Limit	<input type="radio"/> W/Limit: \$ _____

Processed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_