



Payroll Change of Status Form

This form must be completed to change ANY information that relates to an employee's wages/salary, hours of work, or employment status (full or part time, temporary or permanent, etc.). It is necessary to complete **only** that information which relates to the change. See below for other changes/forms.

Name: _____ **Dept Name, Cost Center, and Detail:** _____

Position/Title: _____

Payroll Adjustment

FROM: \$ _____ Annual Salary	TO: \$ _____ Annual Salary
\$ _____ Hourly Wage	\$ _____ Hourly Wage
Hours/Week: _____	Hours/Week: _____
Title: _____	Title: _____
Level: _____ range _____	Level: _____ range _____
Full-Time // Part-Time <i>circle one</i>	Full-Time // Part-Time <i>circle one</i>
Bi-Weekly // Monthly <i>circle one</i>	Bi-Weekly // Monthly <i>circle one</i>

Effective Date of Change: _____

Non Paid Time Off

LAST DAY TO BE PAID: _____

RESUME PAY: _____

Cost Center and Detail Change

FROM: _____

TO: _____

Effective Date of Change: _____

Reason and rationale for change: _____

Departure Information

Last Day of Work: _____/_____/_____	Benefit Termination Date: _____/_____/_____
Date of Last Paycheck: _____/_____/_____	Cobra Letter Sent? YES _____ NO _____
Vacation Owed? YES _____ NO* _____	Amount of Vacation Owed: _____

If employee has taken vacation not yet earned, note the number of days as a negative number in "Amount Owed".
Special Instructions: _____

Authorizing Signatures

Immediate Supervisor _____ Date: _____

Manager of Cost Ctr. _____ Date: _____

Leadership Team Member _____ Date: _____

Executive Director of Human Resources _____ Date: _____

Changes to name, address, phone or fax (work or home) should be made on the Campus Directory Update form located in the back of the Directory. Changes related to marital status or number of dependents may affect healthcare coverage, tax deductions, life insurance, beneficiaries, etc.; for these issues, contact Human Resources for the appropriate information/forms.