



**PAYROLL STATUS CHANGE FORM**

CLIENT COMPANY: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE CHANGE EFFECTIVE: \_\_\_\_\_ 20 \_\_\_\_\_

**CHECK THE APPROPRIATE PLACE (S)**

Rehire     Rate Change     Transfer     Other

Current Job Title: \_\_\_\_\_ New Job Title: \_\_\_\_\_

Current Rate Pay: \$ \_\_\_\_\_ New Rate Pay: \$ \_\_\_\_\_

Rehire Date: \_\_\_\_\_ 20 \_\_\_\_\_

**LEAVE OF ABSENCE**

- Vacation     Sick     Military     Educational     Medical  
 Medical including Pregnancy     Family     Personal

**ADDRESS CHANGE:**

Number Street or Rural Route No., P.O. Boxes \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Reason for Change(s):**     Demotion     Probation Complete     Promotion     Retirement  
 Transfer     Other

Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ 20 \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ 20 \_\_\_\_\_

**FAX THIS TO: PBS (281)398-1960**