

Date Submitted

Payroll Status Form

Swipe Card #

Name: _____ Payroll # _____
 Original Hire Date: _____ Full Time Status Date: _____

Street: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Date of Birth: _____
 Social Security Number: _____

EMPLOYEE GROUP	EMPLOYEE SUB GROUP	STUDENT	PAY TYPE
<input type="checkbox"/> Administration <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	<input type="checkbox"/> SEU <input type="checkbox"/> CWSP	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly

	<u>NEW HIRE</u>	<u>FROM:</u>	<u>TO:</u>
JOB / TITLE			
- DEPT. NAME - DEPT. CODE - OBJECT CODE			
SHIFT			
BASE SALARY			

REASON FOR CHANGE

Merit Increase Resignation
 Rehired Promotion
 Retirement Demotion
 Layoff Transfer
 Discharge Overload
 Annual Contract
 Length of Service Increase
 Reevaluation of Current Job
 Probation Period Completed
 Other: _____

EFFECTIVE DATE: _____

COMMENTS / TERMINATION INSTRUCTIONS:

Authorized By: _____ Authorized By: _____
 Department Head Date Dean Date

Authorized By: _____ Approved By: _____
 Vice President Date Human Resources Director Date