

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

- Administration
- Faculty
- Staff

- Full Time
- Part time
- Temporary

- SEU
- CWSP

- Salary
- Hourly

<u>CHANGE:</u>	<u>NEW HIRE</u>	<u>FROM:</u>	<u>TO:</u>
JOB / TITLE			
DEPARTMENT			
- 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: _____
Department Head

Authorized By: _____
Dean

Authorized By: _____
Vice President

Approved By: _____
Human Resources Director