

		INTERNAL FORM:	
		EMPLOYEE STATUS	
		PAYROLL CHANGE	
DATE: _____			
EMPLOYEE NAME:		LOCATION:	
SOCIAL SECURITY NO:	PAYROLL ID NO:	EFFECTIVE DATE:	
CHANGE OF	FROM	TO	REMARKS
<input type="checkbox"/> RATE			
<input type="checkbox"/> STATUS	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT	
	<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT	<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT	
<input type="checkbox"/> POSITION			
<input type="checkbox"/> DEPT			
<input type="checkbox"/> OTHER			
LEAVE OF ABSENCE: FROM: _____ TO _____			
TERMINATION DUE TO: <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISMISSAL <input type="checkbox"/> OTHER _____			
OTHER REASON AND EXPLANATION: _____ _____ _____ _____			
ORIGINATED BY:		DATE:	SIGNATURE:
APPROVED BY:		DATE:	SIGNATURE:
_____		_____	_____