PAYROLL CHANGE NOTICE

Date of Change	Social Security #	Department	Shift
Name		**Phone**	
Street Address		**City/State/ZIP**	

CHANGE(S)

√ **All Applicable Boxes**	FROM	TO
[ ] Department		
[ ] Job		
[ ] Shift		
[ ] Rate		
[ ] Address/Phone		
[ ] Benefit Plan		
[ ] Other_____		
[ ] Other_____		

REASON FOR THE CHANGE(S)

[ ] Hired	[ ] Resignation
[ ] Promotion	[ ] Retirement
[ ] Demotion	[ ] Termination
[ ] Transfer	[ ] Other_____
[ ] Scheduled Increase	[ ] Other_____
[ ] Wage Scale Change	[ ] Leave of Absence (Type_____) From_____Until_____

AUTHORIZATION:

Associate Signature	Date
Supervisor Signature	Date
HR Representative	Date

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