

Personnel Information Change Form

PIC Form
Revision:

Date:

EMPLOYEE INFORMATION		
Employee:	Date of Hire:	Job Title:
Supervisor:	Change Effective Date:	
CHANGE DETAILS		REASON FOR CHANGE
Department:	from to	
Supervisor:	from to	
Job Title:	from to	
FLSA Status:	from to	
Shift :	from to	
Compensation:		
Pay Rate:	from to	
Increase: % Increase: \$ Effective PP		
Retroactive: from PP to PP Total Amount:		
Bonus/Bonus Plan:		
Special Permissions/Software Access/Comments :		EPO Limit:
Last Review Date:		Next Review Date:
APPROVALS		
Direct Supervisor:		Date:
Manager:		Date:
Human Resources:		Date:
President:		Date:
FOR HUMAN RESOURCES USE		
ADP:	Employee Raise Report:	Org. Chart: