

EMPLOYEE CHANGE AUTHORIZATION FORM

1. INFORMATION CHANGE (COMPLETE IN ALL CASES)

EFFECTIVE DATE:

| | | |
|------------------------|-------------------|--|
| <u>LAST NAME</u> | <u>FIRST NAME</u> | <u>M.I.</u> |
| <u>ADDRESS CHANGE:</u> | <u>CITY</u> | <u>STATE</u> <u>ZIP CODE</u> <u>HOME PHONE</u> |

2. SALARY CHANGE

| | | | |
|-----------------------|---------------------------------------|---------------------------------|-------------------|
| <u>CURRENT SALARY</u> | <u>AMOUNT OF INCREASE</u> | <u>% INCREASE</u> | <u>NEW SALARY</u> |
| <u>DATE HIRED</u> | <u>LAST MERIT INCREASE & DATE</u> | <u>DATE OF PERFORMANCE EVAL</u> | |

3. STATUS CHANGE

| | | |
|--|----------------------|---|
| <u>JOB TITLE</u> | <u>NEW JOB TITLE</u> | <u>SUPERVISOR</u> |
| <u>EMPLOYMENT STATUS</u> <input type="checkbox"/> NEW <input type="checkbox"/> F.T. <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> RE-HIRE <input type="checkbox"/> P.T. <input type="checkbox"/> EXEMPT <input type="checkbox"/> PRN <input type="checkbox"/> CONTRACT (W-9) | | <u>WORK WEEK (HRS.)</u> <u>SALARY</u> <input type="checkbox"/> Annual Pay Rate: <input type="checkbox"/> SALARY Pay Rate: <input type="checkbox"/> HOURLY Pay Rate: <input type="checkbox"/> MONTHLY(Contract) |

4. PROGRAM ALLOCATION CHANGE

EFFECTIVE DATE:

| | | | |
|--------------------|---------|-------------------|-----------------|
| Allocated: _____ % | Program | Change to _____ % | Hours per Week: |
| Allocated: _____ % | Program | Change to _____ % | Hours per Week: |
| Allocated: _____ % | Program | Change to _____ % | Hours per Week: |
| Allocated: _____ % | Program | Change to _____ % | Hours per Week: |

5. APPROVALS

| | | | |
|-------------------|-------------|--------------------------------|-------------|
| <u>SUPERVISOR</u> | <u>DATE</u> | <u>Chief Executive Officer</u> | <u>DATE</u> |
|-------------------|-------------|--------------------------------|-------------|

REMARKS:

DATE ENTERED IN PAYROLL SYSTEM: _____