



Payroll / Status Change Notice

☐ New Hire ☐ Change ☐ Separation

Effective Date of Change _____ Routing: ☐ Payroll ☐ Personnel File (Original)

Employee Name _____
LAST FIRST MIDDLE INITIAL

Employee/Payroll #Dept. _____

New Hire Information

Address _____
STREET CITY STATE ZIP CODE

Telephone # () _____ Date of Birth (for administrative use only) _____

New Employee Rate \$ _____ Status: ☐ Full-Time ☐ Part-Time ☐ Temp ☐ Seasonal

Job Title _____ Hours per Week _____

W-4 Attached? ☐ Yes ☐ No Classification: ☐ Executive ☐ Occupational

Change(s) for Current Employee

ACTION(S)	FROM	TO	COMMENTS
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> FLSA Status			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Reduction in Force			
<input type="checkbox"/> Re-evaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Salary/Wage			
<input type="checkbox"/> Separation (see below)			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Other _____			

Leave of Absence

BEGIN LEAVE ____ / ____ / ____ RETURN FROM LEAVE ____ / ____ / ____

☐ Educational ☐ Personal ☐ Family/Medical Leave
☐ Military ☐ Other _____

Separation

SEPARATION DATE ____ / ____ / ____ LAST DAY WORKED ____ / ____ / ____

☐ Voluntary Separation ☐ Involuntary Separation ☐ Reduction in Force
BENEFIT CANCELTION DATE ____ / ____ / ____ REIMBURSEMENT OWED TO COUNTY ____ FOR ____

Additional Comments _____

Manager Signature: _____ Date: _____

HR Signature: _____ Date: _____

Payroll Signature: _____ Date: _____

New Hire Checklist

	Policy Acknowledgement		Drug Test Results		Physical Test / Evaluation Returned
	I-9		W-4		Employee Data
	Driver License		Background Check		State New Hire Report
	E-Verify Report		FMLA Info Sheets		EEO Info
	Internship / Probationary Extension		Worker's Compensation / Accident Reporting		Worker's Comp Class #
	Educational Assistance		Offer Letter		Sworn-in
	Time Sheets		Medical Form		Retirement Form
	Vacation		Dental Form		Retirement Ineligible Form
	Sick Leave		Life, STD, LTD, Form		401k / 457 / IRA / Roth IRA
	Holidays		Insurance Waiver		Retirement Booklet
	Check- Mail / Pick-up / Deposit / Sheriff's office		Enrollment Guide / Benefit Guide		ID Badge

Payroll Change Checklist

	Wage &/or Hours Increase / Lincoln Notified / Changed on Caselle		Dept Change / Employee Number Changed / Allocation Changed
	Leave of Absence / Retirement Notified		Paydays Sheet

Termination Checklist

	Credit Card Returned/Cancelled		Telephone Card Returned/Cancelled
	Keys (office, desk, etc.) Returned		Safety Equipment Returned
	Equipment/Tools Returned		
	Health Cancelled		Retirement Notification
	Dental Cancelled		Conversion (life, std, ltd) Notification
	Life, STD, LTD Cancelled		COBRA – Notify R Hussey's Office
	Reimbursement Owed to County		