



# 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 CANCELANATION 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		

## 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		