YOUR FIRM NAME HERE
456 ANY STREET
YOUR TOWN, STATE ZIP+4
(123) 456-7890

PAYROLL CHANGE NOTICE

8125

☐ New Hire ☐ Change ☐ Separation

EFFECTIVE DATE

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER

DEPARTMENT	SHIFT	CLOCK/PAYROLL NO.

COMPLETE THIS SECTION FOR NEW HIRES ONLY

☐ Rehire ☐ Addition To Staff ☐ Replacement For

ADDRESS	CITY	STATE	ZIP

PHONE NO. ( )	BIRTH DATE	SEX ☐ M ☐ F	MARITAL STATUS ☐ S ☐ M ☐ W ☐ D	NUMBER OF DEPENDENTS

CLASSIFICATION ☐ Non-Exempt ☐ Exempt	STARTING RATE ☐ Hourly $ ☐ Weekly $	W-4 COMPLETED? ☐ Yes ☐ No

EMPLOYMENT STATUS
☐ Full-Time Regular ☐ Part-Time Regular ☐ Full-Time Temporary ☐ Part-Time Temporary

JOB TITLE

COMPLETE THIS SECTION FOR CHANGES ONLY - EXPLAIN IN REMARKS, IF NECESSARY

CHECK ALL APPLICABLE BOXES	FROM	TO	CHECK ALL APPLICABLE BOXES	FROM	TO
☐ Position			☐ Marital Status		
☐ Job Classification			☐ Dependents		
☐ Pay			☐ Payroll Deductions		
☐ Department			☐ Employment Status		
☐ Shift			☐ Other: _____		
☐ Leave of Absence					
Reason		Date of Return	☐ Name, Address, Phone (Use Remarks Section)		

Remarks: _____

COMPLETE THIS SECTION FOR SEPARATIONS ONLY

HIRE DATE	SEPARATION DATE	LAST DAY WORKED

☐ Resignation ☐ Discharge ☐ Temporary Layoff ☐ Permanent Layoff ☐ Retirement

Remarks: _____

RECOMMENDED	DATE	APPROVED	DATE	DATE AUTHORIZED	DATE

SAMPLE