PERSONNEL CHANGE FORM

ADD TO PAYROLL

☐ Hire ☐ Re-Hire ☐ Reinstatement

Last Name	First Name	Initial

Address

Phone	Social Security Number

Department	Position

Effective Date	Wage Rate

Marital Status	No. of Dependents

☐ Addition ☐ Replacement
☐ Full Time ☐ Part Time ☐ Temporary

Remarks:

Signature	Date

CHANGE IN PAYROLL

☐ Wage Rate ☐ Transfer ☐ Promotion

☐ No. of Dependents

Last Name	First Name	Initial

FROM:	TO:
Present Department	New Department
Present Position	New Position
Present Wage Rate	New Wage Rate
Present No. of Dependents	New No. of Dependents

	Effective Date

Reason:

Signature	Date

TAKE OFF PAYROLL

☐ Resigned ☐ Leave ☐ Illness
☐ Discharged ☐ Vacation ☐ Death
☐ Laid Off ☐ Retirement ☐ Other

Last Name	First Name	Initial

Effective Date	Expected Return Date

Vacation Days Due	Severance Pay

Recommended for re-employment in same Department?	☐ YES ☐ NO
In other departments?	☐ YES ☐ NO
Has all property been recovered?	☐ YES ☐ NO
Any other benefits due?	☐ YES ☐ NO

Remarks:

Signature	Date

INFORMATION CHANGE

☐ Transfer ☐ Marital ☐ Residence

Last Name	First Name	Initial

FROM:	TO:
Present Department	New Department
Present Position	New Position
Present Name	New Name
Present Address	New Address
Present Phone	New Phone

	Effective Date	

Remarks:

Signature	Date

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