

Payroll/Status Change Form



Employee: _____ Clock #: _____

Department: _____ Effective Date: _____

Management Approval: _____

<i>Attendance</i>				
Reason	Type	Dates	Total # of Days	Comments <i>(if doctor's note was submitted, indicate below)</i>
<input type="checkbox"/> Sick Day	Paid			
<input type="checkbox"/> Vacation	Paid			
<input type="checkbox"/> Birthday	Paid			
<input type="checkbox"/> Unpaid Day	Unpaid			
<input type="checkbox"/> Bereavement	Paid			
<input type="checkbox"/> Jury Duty	Paid			
<input type="checkbox"/> Court Date	Unpaid			
<input type="checkbox"/> No Call/No Show	Unpaid			
<input type="checkbox"/> Suspension	Unpaid			
<input type="checkbox"/> LOA				
<input type="checkbox"/> _____				

<i>Employee Changes/New Hire Information</i>		
Type	From	To
<input type="checkbox"/> Department		
<input type="checkbox"/> Job Title		
<input type="checkbox"/> Shift		
<input type="checkbox"/> Wage		
<input type="checkbox"/> Supervisor		
<input type="checkbox"/> _____		

<i>Termination</i>		
Separation Date: _____	Last Day Worked: _____	
<input type="checkbox"/> Resignation	<input type="checkbox"/> Retirement	<input type="checkbox"/> Discharge for Cause
<input type="checkbox"/> Failure to Return from Leave	<input type="checkbox"/> 3 Days No-Call/No-Show	

Additional Comments:
