

Payroll Status Change Form

Employee Name: _____ Date: _____

Department / Parish: _____ Effective Date: _____

Employee Status

Terminated Resigned New Hire Current Other _____

DOT: _____ DOH: _____

Full Time Part Time Seasonal Variable Weekly Standard Hours _____

Vacation/Sick Accrual

Vacation No Change Cancel Add Other _____

Sick No Change Cancel Add Other _____

Payroll

W-4 New Hire Change / Explain _____

Additional State Deduction Amount \$ _____

Additional Fed Deduction Amount \$ _____

Wages Salary New _____ \$ Change From \$ _____ To \$ _____

Hourly New _____ \$ Change From \$ _____ To \$ _____

Change in Salary/Hours Explanation _____

Address change

Address _____

City, ST, Zip _____

Phone _____ New Email _____

Other/Explanation _____

Supervisor / HR Approval _____ Date _____

Supervisors: Once this form has been completed, print and sign it then send it to Human Resources for processing. Without the completed and signed form, no payroll will be processed.