CUMBERLAND HEIGHTS • PAYROLL/STATUS CHANGE NOTICE

DEMOGRAPHICS

Date Completed: _____

Employee Name: _____ Emp #: _____

Department Name: _____ Dept #: _____

CHANGES

Effective Date: _____

	FROM:	TO:
Pay Rate	$ ☐ per hour ☐ per year	$ ☐ per hour ☐ per year
Position/Title		
Classification *(provide scheduled hrs/wk below)*	☐ ***Full-Time 40 hrs/wk*** (w/ full benefits) ☐ ***Part-Time 30-39 hrs/wk*** (w/ full benefits) ☐ ***Part-Time 24-29 hrs/wk*** (w/ partial time-off benefits only) ☐ ***Part-Time less than 24 hrs/wk*** (no benefits) ☐ ***PRN*** (no regular scheduled hrs/wk & no benefits)	☐ ***Full-Time 40 hrs/wk*** (w/ full benefits) ☐ ***Part-Time 30-39 hrs/wk*** (w/ full benefits) ☐ ***Part-Time 24-29 hrs/wk*** (w/ partial time-off benefits only) ☐ ***Part-Time less than 24 hrs/wk*** (no benefits) ☐ ***PRN*** (no regular scheduled hrs/wk & no benefits)
Department		
Scheduled Hrs/Wk		
Work Schedule		
Reason *(must check one)*	☐ New Hire ☐ Merit Increase ☐ Transfer ☐ Probationary Period Started ☐ Probationary Period Ended	☐ Rehire ☐ Promotion ☐ Demotion ☐ FMLA Leave Started ☐ FMLA Leave Ended

TERMINATION

Effective Date: _____

Reason *(must check one)*	☐ Voluntary Resignation ☐ Involuntary - Discharged ☐ Involuntary – Removed from PRN List ☐ Lay Off	☐ Retirement ☐ Medical/LTD ☐ Other

NOTES

APPROVAL

Manager's Signature: Date:

Executive's Signature: Date:

Date Received by Human Resources: