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PAYROLL STATUS CHANGE FORM

Client Name: _____ Effective Date: _____

Employee Name: _____ SSN: _____

Change of Address

Street	
City, ST, Zip	
Phone Number	

Change of Pay Rate/Job Description

	From	To
Pay		
Position		
Department		

Reason for Change

- Re-Hire Merit Increase
 Promotion Demotion
 Transfer

Comments, If Necessary

Authorized By _____ Approved By _____