

WESTERN IDAHO EMPLOYEE SERVICES, INC.

PAYROLL STATUS CHANGE NOTICE

To be completed whenever employee status change affects payroll, benefits, job description or work location.

EMPLOYEE _____ EFFECTIVE DATE ___/___/___

WORK LOCATION OR DEPT. _____

NATURE OF CHANGE

Promotion Demotion New Hire Probation Complete

(Termination for: (Dismissal) (Resignation) (Retirement) (Other) _____
(If terminated for dismissal, please explain below on comments)

Pay Increase: (Merit) (Other) _____ Transfer To: _____

Layoff Re-employment

Leave of Absence: From ___/___/___ To ___/___/___

For: Educational Medical Personal
 Maternity Military Other _____

To be: Paid Unpaid

COMMENTS

CHANGE PAYROLL

From:
\$ _____ per _____

To:
\$ _____ per _____

Effective ___/___/___

Authorized By: _____