

PROPARTNERSHIPS



PAYROLL STATUS/CHANGE FORM

EMPLOYER TO COMPLETE

Employee Name <input style="width: 80%;" type="text"/>			
New Hire <input type="checkbox"/>	Termination <input type="checkbox"/>	Eligible for Rehire Yes / No	
Lay Off <input type="checkbox"/>			
Change <input type="checkbox"/>	Effective Date of Payroll Status/Change	<input type="text"/>	

New Hire Information

Address

Phone Number

Job Title

Full Time (35-40 hrs) <input type="checkbox"/>	Part Time (20-34 hours) <input type="checkbox"/>	Limited Part Time (< 20 hrs) <input type="checkbox"/>
Exempt <input type="checkbox"/>	Non-Exempt <input type="checkbox"/>	Total hrs. per week <input type="text"/>

Changes Completed	From	To	Comments
Name			
Address			
Phone			
Status			
Hours of Work			
Job Title			
Pay Rate 1			
Pay Rate 2			
Pay Rate 3			

Employer Signature _____

Date _____