

PROPARTNERSHIPS



PAYROLL STATUS/CHANGE FORM

EMPLOYER TO COMPLETE

Employee Name	<input style="width: 100%;" type="text"/>		
New Hire	<input type="checkbox"/>	Per Diem	<input type="checkbox"/>
Lay Off	<input type="checkbox"/>	Termination	<input type="checkbox"/>
Change	<input type="checkbox"/>	Effective Date of Payroll Status/Change	<input type="text"/>
		Resigned	<input type="checkbox"/>
		Eligible for Rehire Yes / No	

New Hire Information

Address

Phone Number

Job Title

Full Time (35-40 hrs)	<input type="checkbox"/>	Part Time (20-34 hours)	<input type="checkbox"/>
Exempt	<input type="checkbox"/>	Non-Exempt	<input type="checkbox"/>
		Limited Part Time (< 20 hrs)	<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 _____