

DAEMEN COLLEGE PAYROLL / EMPLOYEE STATUS CHANGE FORM

Employee Name: _____ Date of Change: _____

Supervisor: _____ Department: _____

NOTE: Pay rate changes are effective the start of a new pay period.

Send completed Payroll/Status Change Forms to the Office of Employee Engagement, DS 126

CHANGE	FROM	TO
Department		
Job Title		
Supervisor		
Shift		
Rate of Pay		
Stipend (Note Budget #)		
Classification Change (Adm., Fac., Staff)		
Status Change (FT/PT)		
Location / Room		
Extension		
Mail Box		

REASON FOR CHANGE

- | | |
|--|--|
| <input type="checkbox"/> Promotion
<input type="checkbox"/> Demotion
<input type="checkbox"/> Transfer
<input type="checkbox"/> Merit Increase
<input type="checkbox"/> Wage Scale Change
<input type="checkbox"/> Probationary Period Completed
<input type="checkbox"/> Length of Service Increase | <input type="checkbox"/> Re-evaluation of Existing Job
<input type="checkbox"/> Increased Responsibilities
<input type="checkbox"/> Resignation
<input type="checkbox"/> Retirement
<input type="checkbox"/> Layoff
<input type="checkbox"/> Discharge
<input type="checkbox"/> Suspension ___ Paid ___ Unpaid |
|--|--|

COMMENTS

AUTHORIZATION

Requested by: _____ Date: _____

Approved by: _____ Date: _____

SALARY CHANGES MUST BE APPROVED BY BUSINESS OFFICE

Business Office: _____ Date: _____

Budget Verified: Yes No

Employee Engagement/Payroll: _____ Date Entered: _____