

DAEMEN UNIVERSITY

PAYROLL / EMPLOYEE STATUS CHANGE FORM

Employee Name: _____ Effective Biweekly Pay Date: _____
(Refer to Payroll Schedule)

Supervisor: _____ Department: _____

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

Send completed Payroll/Employee Status Change Forms, including an updated job description in order for the Employee Engagement office (Alumni House) to process your request.

CHANGE	FROM	TO
Department		
Job Title		
Supervisor		
Shift		
Rate of Pay		
Budget #		
Job Classification (Adm., Fac., Staff)		
Status (FT/PT)		
Number of Scheduled Hours/Months		

REASON FOR CHANGE

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Promotion | <input type="checkbox"/> |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> |
| <input type="checkbox"/> Department Transfer | <input type="checkbox"/> |
| <input type="checkbox"/> Salary Change | <input type="checkbox"/> |
| <input type="checkbox"/> Re-evaluation of Existing Job | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Increased Job Responsibilities | |

COMMENTS (Must specify)

AUTHORIZATION

Requested by: _____ Date: _____

Approved by: _____ Date: _____

SALARY CHANGE APPROVALS

Business Office: _____ Date: _____

Budget Verified: ☐ Yes ☐ No

President's Office: _____ Date: _____

Employee Engagement/Payroll: _____ Date Entered: _____