

## EMPLOYEE PAYROLL FORM – CHANGE IN STATUS

Employee Name: \_\_\_\_\_ Goshen College ID #: \_\_\_\_\_

### CLASSIFICATION CHANGES

Type of Change	Required Information
Transfer: <input type="checkbox"/>	Department:
New Title: <input type="checkbox"/>	Title:
New Supervisor: <input type="checkbox"/>	Supervisor:
New FTE: <input type="checkbox"/>	FTE:
New Wage/Salary: <input type="checkbox"/>	Wage/Salary:
New Account Code: <input type="checkbox"/>	Account Code:
New Position Ranking: <input type="checkbox"/>	Position Ranking:

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

### CHANGE INFORMATION

Reason for Change: \_\_\_\_\_

**NOTE** – Attach all supporting documentation such as performance/probation reviews, etc.

### COMMENTS

Any additional comments or information: \_\_\_\_\_

### SIGNATURES

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (Printed): \_\_\_\_\_ GC ID #: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_