PERSONNEL MAINTENANCE FORM

Employee's Full Name: _____

Current Department: _____

STATUS CHANGE

___/___/___ _____ _____ _____

Effective Pay Date | Part-time | Full-time | Position (Clerk, Asst. Mgr., Mgr., etc.)

(Please note. The effective date is now the paydate in which you would like the change to occur. If the employee's rate change occurs in the middle of a pay period please clarify any special pay calculation.)

PAY RATE CHANGE (Complete one)

___/___/___ $_____ $_____

Effective Pay Date | New Annual Salary | New Hourly Rate

LOCATION CHANGE

_____/____/_____

Effective Pay Date

Transfer from _____ to _____

(Please include name of division or location)

SUPERVISOR SIGNATURE: _____ **DATE:** _____

Form 0440