

CHANGE IN STATUS FORM – SALARY CHANGE/TRANSFER/DROP FROM PAYROLL

EFFECTIVE DATE OF CHANGE _____ DEPARTMENT _____

PAYROLL NAME OF EMPLOYEE _____

STATUS: _____ SALARY CHANGE _____ TRANSFER _____ DROP FROM PAYROLL
(include with Separation Notice)

CURRENT JOB TITLE & GRADE _____ STEP _____

PROPOSED JOB TITLE & GRADE _____ STEP _____

_____ REGULAR _____ TEMPORARY
_____ FULL-TIME _____ PART-TIME

PROPOSED SALARY FUND ACCOUNT # _____ AMOUNT \$ _____

*SUPPLEMENTAL SALARY ACCOUNT # _____ AMOUNT \$ _____

(*Note: Not all positions have supplemental salary amounts. If it does not apply, mark N/A)

SPECIAL INSTRUCTIONS FOR ADDITIONAL SUPPLEMENTAL AMOUNTS (if any):

_____ Auto Allowance Amount \$ _____ from Account # _____

_____ Cell Phone Allowance Amount \$ _____ from Account # _____

_____ Other Allowance/Supplement \$ _____ from Account # _____

(Name other Allowance/Supplement _____)

NAME & TITLE OF EMPLOYEE BEING REPLACED _____

BUDGETED SALARY FOR JOB TITLE \$ _____

**NOTE: IF SALARY REQUESTED IS NOT WITHIN BUDGETED ENTRY LEVEL SALARY FOR THIS POSITION,
PLEASE ATTACH A COPY OF THE APPROVED BUDGET AMENDMENT ORDER.**

Signature of Elected Official/Department Head Date

PAYROLL USE ONLY

EMPLOYEE NUMBER _____

FROM _____ HOURLY RATE TO _____ HOURLY RATE

DATE PROCESSED _____ PROCESSED BY _____