

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

EFFECTIVE DATE _____ DEPARTMENT _____

LEGAL NAME OF EMPLOYEE _____

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

CURRENT JOB TITLE _____ GRADE _____ STEP _____

NEW JOB TITLE _____ GRADE _____ STEP _____

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

SALARY FUND ACCOUNT # _____ AMOUNT \$ _____

SUPPLEMENTAL SALARY ACCOUNT # _____ AMOUNT \$ _____

SPECIAL INSTRUCTIONS FOR ADDITIONAL SUPPLEMENTAL AMOUNTS (if any):

_____ Auto Allowance \$ _____ from Account # _____
_____ Cell Phone Allowance \$ _____ from Account # _____
_____ Stipend Allowance \$ _____ from Account # _____
_____ Other Allowance/Supplement \$ _____ from Account # _____
(type of other allowance/Supplement _____)

NAME & TITLE OF EMPLOYEE BEING REPLACED _____

BUDGETED SALARY FOR JOB TITLE \$ _____

Signature of Elected Official/Department Head

Date

PAYROLL USE ONLY

EMPLOYEE NUMBER _____

FROM _____ HOURLY RATE TO _____ HOURLY RATE

DATE PROCESSED _____ PROCESSED BY _____