



# Payroll/Status Change Notice

**ROUTING**     **PAYROLL**     **HUMAN RESOURCES**     \_\_\_\_\_     \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_     New Hire     Change     Separation

Employee Name: \_\_\_\_\_    Social Security #: \_\_\_\_\_    Pay Rate: \_\_\_\_\_

Department: \_\_\_\_\_    Date of Hire: \_\_\_\_\_    Employee #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: (    )    Date of Birth: \_\_\_\_\_

Status:     Full-Time     Part-Time     Full-Time Temp.     Part-Time Temp.     Other \_\_\_\_\_

Job Title: \_\_\_\_\_     Exempt     Non-Exempt     Hourly    W-4 Attached:     Yes     No

## CHANGE(S) FOR CURRENT EMPLOYEE

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Demotion			
<input type="checkbox"/> Department			
<input type="checkbox"/> 401(k)/403(b) Contribution			
<input type="checkbox"/> Insurance Eligibility			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Layoff			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Introductory Period			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Revaluation of Current Job			
<input type="checkbox"/> Rehire			
<input type="checkbox"/> Resignation			
<input type="checkbox"/> Retirement			
<input type="checkbox"/> Salary/Wage			
<input type="checkbox"/> Separation			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Union Scale			
<input type="checkbox"/> Status Change			
<input type="checkbox"/> New Hire			
<input type="checkbox"/> Other _____			

**Notifications Provided to:**     MMEHT     MMA Income Protection     Maine PERS     Group Dynamics

**Leave of Absence**    Begin leave: \_\_\_\_\_    Return from leave: \_\_\_\_\_

Educational     Personal     Family/Medical Leave  
 Short-Term Disability     Long-Term Disability     Other \_\_\_\_\_

**Separation**    Separation Date: \_\_\_\_\_    Last Day Worked: \_\_\_\_\_    Last Day Paid: \_\_\_\_\_

Hours worked in last week: \_\_\_\_\_

Voluntary Separation     Involuntary Separation     MSRS Retirement     Retirement - No MSRS

### Additional Comments

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

Department Head Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Town Manager: \_\_\_\_\_    Date: \_\_\_\_\_