

SAMPLE
PERSONNEL CHANGE FORM

Effective date: _____ Budgeted hire/increase _____ Other _____

Employee name: _____ Dept.: _____

Address: (street, city, state, & zip) _____

Home phone number: _____

Employment date: _____ Birthdate: _____ Social Security #: _____

Marital status: _____ Spouse's name: _____

TYPE OF ACTION:

_____ Salary change _____ Merit/Bonus _____ Promotion _____ Personal change
(LOA, Marital status, address change)

SALARY CHANGE:

HOURLY/SALARY

EXEMPT/NON-EXEMPT

FTE

From: \$ _____ To: \$ _____ _____ E _____ NE _____

Date of last increase: _____ On leave, suspend pay until: _____

_____ W-4 Change - attached with changes

PROMOTION/JOB CHANGE:

From: _____ To: _____

Reason: _____

APPROVALS:

Supervisor/Manager signature Date

Division Director/HR Manager/Accounting Manager Date