



Payroll/Personnel Change Actions

The following employee, _____, will be making the following changes effective _____.

Employee ID Number: _____

		From:		To:	
Department					
Position					
Job Code					
Project Number					
Salary					
Work Schedule					
Leave W/O Pay					
Termination					
		Reason		Last Day Worked	

Remarks:

Approval:

Signature of VP of Finance & Administration

Date

Signature of President

Date