



3420 N. Santa Fe
 Oklahoma City, OK 73118
 (405) 917-1020
 Fax (405) 972-4777

PAYROLL STATUS CHANGE FORM

CLIENT NAME: _____ EFFECTIVE DATE: _____

EMPLOYEE NAME: _____ SS# _____

CHANGE OF ADDRESS		
STREET		
CITY, ST, ZIP		Telephone Number:

CHANGE OF PAY RATE OR JOB DESC.		
CHANGE	FROM	TO
PAY		
Position Title:		
DEPT.		

REASON FOR CHANGE
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> REHIRED </div> <div style="text-align: center;"> <input type="checkbox"/> MERIT INCREASE </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> PROMOTION </div> <div style="text-align: center;"> <input type="checkbox"/> DEMOTION </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> TRANSFER </div>
COMMENTS, IF NECESSARY _____ _____ _____

AUTHORIZED BY _____ APPROVED BY _____