

# DAEMEN COLLEGE PAYROLL / EMPLOYEE STATUS CHANGE FORM

Employee Name: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

**NOTE: Pay rate changes are effective the start of a new pay period.**

**Send completed Payroll/Status Change Forms to the Office of Employee Engagement, DS 126**

CHANGE	FROM	TO
Department		
Job Title		
Supervisor		
Shift		
Rate of Pay		
Stipend (Note Budget #)		
Classification Change (Adm., Fac., Staff)		
Status Change (FT/PT)		
Location / Room		
Extension		
Mail Box		

### REASON FOR CHANGE

- |  |  |
|--|--|
| <input type="checkbox"/> Promotion<br><input type="checkbox"/> Demotion<br><input type="checkbox"/> Transfer<br><input type="checkbox"/> Merit Increase<br><input type="checkbox"/> Wage Scale Change<br><input type="checkbox"/> Length of Service Increase<br><input type="checkbox"/> Other | <input type="checkbox"/> Re-evaluation of Existing Job<br><input type="checkbox"/> Increased Responsibilities<br><input type="checkbox"/> Resignation<br><input type="checkbox"/> Retirement<br><input type="checkbox"/> Layoff<br><input type="checkbox"/> Discharge<br><input type="checkbox"/> Suspension ___ Paid ___ Unpaid |
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### COMMENTS (Must specify)

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### AUTHORIZATION

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

### SALARY CHANGE APPROVALS

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Verified:  Yes  No

President's Office: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Engagement/Payroll: \_\_\_\_\_ Date Entered: \_\_\_\_\_