

PAYROLL STATUS CHANGE FORM

EMPLOYEE INFORMATION

NAME: _____

CURRENT POSITION: _____

CURRENT DEPARTMENT: _____

CURRENT CLASSIFICATION: _____

EXEMPT _____ NON-EXEMPT _____

NEW POSITION: _____

NEW DEPARTMENT: _____

NEW CLASSIFICATION: _____

EFFECTIVE DATE OF CHANGE: _____

EXEMPT _____ NON-EXEMPT _____

NEW ANNUAL RATE: \$ _____

NEW HOURLY RATE: \$ _____

Based on _____ hours per week x 52 weeks = _____ hours per year
(Standard 9:00 — 5:00 with lunch hour considered 35 hours per week)

ONE TIME PAYMENT AMOUNT OF \$ _____

DATE OF PAYMENT _____

Dept. Head Sign.

HR Director

Chief Operating Officer