

ASSOCIATES STATUS CHANGE SHEET

Associate's Name _____

Associate's present department _____ Payroll # _____

Date change will be in effect _____ (must be a Monday)

Type of Change:

Marital status—change to _____ Name changed to _____

Address changed to _____

Telephone # changed to _____

Status—changed to _____ part time _____ full time _____ seasonal/temporary

Department—changed to _____

Job title—changed to _____

Other reason _____

If there is a change in pay rate, a "PAYROLL RATE CHANGE" form must be completed and attached.

Explain fully _____

Authorized Signature

Supervisor Signature

Date