



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		
<b>STREET</b>		
<b>CITY, ST, ZIP</b>		Telephone Number:

CHANGE OF PAY RATE OR JOB DESC.		
CHANGE	FROM	TO
<b>PAY</b>		
<b>Position Title:</b>		
<b>DEPT.</b>		

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 \_\_\_\_\_