



Goshen College

EMPLOYEE PAYROLL STATUS FORM

EMPLOYEE PROFILE

Employee Name: _____ Goshen College ID #: _____
 Address: _____ City, State & Zip: _____
 Home Phone: _____ Birth Date: _____
 Supervisor: _____ Start Date: _____

EMPLOYMENT CHANGES

New Hire: Job Title: _____ Account Code: _____
 Rehire: Job Title: _____ Account Code: _____
 Temporary: Start Date: _____ End Date: _____ Account Code: _____
 Person Replacing: Start Date: _____ End Date: _____ Account Code: _____

CLASSIFICATION CHANGES

Change	Old Information	New Information
Transfer: <input type="checkbox"/>	Account Code: _____	Account Code: _____
Promotion: <input type="checkbox"/>	Account Code: _____	Account Code: _____
Demotion: <input type="checkbox"/>	Account Code: _____	Account Code: _____
Title: <input type="checkbox"/>	Account Code: _____	Account Code: _____
Shift: <input type="checkbox"/>	Shift: _____	Shift: _____
Wage/Salary: <input type="checkbox"/>	Salary: _____	Wage/Salary: _____

ADJUSTMENT INFORMATION

Reason for Pay Adjustment: _____

****NOTE** – Attach all supporting documentation such as performance/probation reviews, etc.

SIGNATURES

Supervisor Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____