

EMPLOYEE PAYROLL FORM – CHANGE IN STATUS

EMPLOYEE PROFILE

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

CLASSIFICATION CHANGES

Type of Change	Required Information
Transfer: <input type="checkbox"/>	New Account Code: Department:
Title: <input type="checkbox"/>	Account Code: New Title:
FTE: <input type="checkbox"/>	New FTE:
Wage/Salary: <input type="checkbox"/>	New Wage/Salary:
Position Ranking: <input type="checkbox"/>	New Position Ranking:

EFFECTIVE DATE OF CHANGE:

CHANGE INFORMATION

Reason for Change:

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

COMMENTS

Any additional comments or information:

SIGNATURES

Supervisor Name (Printed) _____ GC ID #: _____
 Supervisor Signature: _____ Date: _____
 Human Resources Signature: _____ Date: _____