

PAYROLL CHANGE NOTICE | CROSS CHURCH

<input type="checkbox"/> NEWHIRE <small>(Complete Section 1)</small>	<input type="checkbox"/> CHANGE <small>(Complete Section 2)</small>	<input type="checkbox"/> SEPARATION <small>(Complete Section 3)</small>	EFFECTIVE DATE ____/____/____
Last Name	First Name	Middle Initial	Social Security #
Department	Supervisor	Location	

SECTION 1: Complete for NEW HIRES ONLY

Address	City	State	Zip
Phone Number ()	Date of Birth / /	Sex __M __F	Pay Cycle __Semi-Monthly __Monthly
Job Title		W-4 Completed? __Yes __No	
Are you a licensed minister? __No __Yes By whom _____ when? _____			
Are you an ordained minister? __No __Yes By whom _____ when? _____			
Employment Status: __Full-Time Regular __Part-time Regular __Intern/Summer Intern __Part-time Temporary			
Starting Rate: __Nursery \$_____ __KDO \$_____ __SE \$15_____ Annual Salary \$_____			

SECTION 2: Complete for CHANGES ONLY (Explain in Remarks area, if necessary.)

PLEASE CHECK ALL APPLICABLE BOXES	FROM	TO	PLEASE CHECK ALL APPLICABLE BOXES	FROM	TO
__Position			__Marital Status *		
__Job Classification			__Dependents *		
__Pay			__Payroll Deductions		
__Ordained (where/when)			__Licensed (where/when)		
__Department			__Employment Status		
__Shift			__Other _____		
__Leave of Absence		Date Return	__Name/Address/Phone (Please use Remarks Section)		

(* Employee is required to submit a new W-4 with this change notice.)

REMARKS: _____

SECTION 3: Complete for SEPARATIONS ONLY

Hire Date	Separation Date	Last Day Worked
Reason for leaving: __Resignation __Discharge __Layoff __Retirement Remarks: _____		
Recommended	Date	Approved
		Date
Authorized	Date	