## PAYROLL CHANGE NOTICE | CROSS CHURCH

NEW HIRE (Complete Section 1)		HANGE e Section 2)	<del></del>			EFFECTIVE DATE/		
Last Name	F	First Name		Middle Initial		Social Security #		
Department	Department		Supervisor		Lo	Location		
		SECTION 1	: Comple	te for NEW HIR	ES ONLY			
ddress			City	City		е	Zip	
Phone Number		Date of /	Birth /	Sex MFSemi		Pay Cycle MonthlyMonthly		
Job Title					W-4 Com	oleted?	YesNo	
Are you a licensed minister?NoYes By whomwhen? Are you an ordained minister?NoYes By whomwhen?								
Employment Status:Full-Time RegularPart-time RegularIntern/Summer InternPart-time Temporary								
StartingRate:Hourly\$/_Weekly\$/Monthly\$/Annual Salary\$								
SECTION 2: Complete for CHANGES ONLY (Explain in Remarks area, if necessary.)								
PLEASE CHECK ALI APPLICABLE BOXES	- FRO	OM T	PLEASE CHI TO APPLICABLE			FROM	то	
_Position				_Marital Status	*			
_Job Classification				_Dependents *				
_Pay				_Payroll Deduct	ions			
_Ordained (where/when)				_Licensed (where	e/when)			
_Department				_Employment S	tatus			
_Shift				_Other				
_Leave of Absence	nce Date Return _							
(* Employee is requi	red to su	bmit a new V	V-4 with t	his change notio	ce.)			
	5	SECTION 3: (	Complete	for SEPARATI	ONS ONLY	7		
Hire Date				Separation Date		Last Day Worked		
Reason for leaving:ResignationDischargeLayoffRetirement Remarks:								
Recommended	Date	Approve	d	Dat	e Aut	horized	Date	