

# Le Jardin Community Center Payroll Status Change

Employee name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Social Security number: \_\_\_\_\_  
 Original date of hire: \_\_\_\_\_  
 Effective date of changes: \_\_\_\_\_

	Previous position	New position
Job title		
Department		
Full-time/Part-time		
Pay		
FLSA Status		
Supervisor		
Location		

**Reason for the change**

- |           |                |                            |
|-----------|----------------|----------------------------|
| Re-hired  | Merit increase | Length of service increase |
| Promotion | Registration   | Re-eval of current job     |
| Demotion  | Retirement     | Probation completion       |
| transfer  | Lay-off        | Union contract             |
| COLA      | Discharge      | Annual evaluation          |
|           |                | Other                      |

**Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signatures

Executive Director \_\_\_\_\_  
 CFO/COO \_\_\_\_\_  
 HR Director \_\_\_\_\_