



## EMPLOYEE PAYROLL FORM – CHANGE IN STATUS

Employee Name: \_\_\_\_\_ Goshen College ID #: \_\_\_\_\_

CLASSIFICATION CHANGES	
Type of Change	Required Information
Transfer:	Department:
New Title:	Title:
New Supervisor:	Supervisor:
New FTE:	FTE:
New Wage/Salary:	Wage/Salary:
New Account Code:	Account Code:
New Position Ranking:	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

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (Printed) \_\_\_\_\_ GC ID #: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_