



PAYROLL ACTION NOTICE

Employee Information

Name:

Phone:

L#:

Email:

New Hire

Job Title:

Employment Start Date:

Rate of Pay:

Supervisor:

Department/Org:

Select all that apply

Student

Hourly Nonexempt

Salary Nonexempt

Salary Exempt

Promotion/Transfer/Rate of Pay Change

Effective Date:

Current Position:

New Position:

Current Rate:

New Rate:

Termination

Last Date Worked:

Reason for Termination:

Please attach resignation letter, if applicable

Approval

**Signature required for Dept Head if hiring Student *Signature required for Dept VP if hiring Full-Time or Permanent Part-Time *HR will determine if Administration Approval is required*

Hiring Manager Print Name

Hiring Manager Signature

Date

Dept Head Print Name

Dept Head Signature

Date

Dept VP Print Name

Dept Signature

Date

Administration Print Name

Administration Signature

Date

Return completed form to Human Resources

Revised September 2025