|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name:** |  | | | |
| Form Type: | ☐ New Hire | ☐ Salary Adjustment | ☐ Termination | ☐ Other: |
| Effective Date: |  | | | |

**Employee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | | |
| Employee ID: | [ID] | Department: | [Department] |
| Job Title: | [Title] | Manager/Supervisor: | [Name] |
| Employment Type: | ☐ Full-Time | ☐ Part-Time | ☐ Contract |

**Payroll Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Salary/Wage Rate: | $[amount] | New Salary/ Wage Rate (if applicable): | $[amount] |
| Pay Frequency: | ☐ Weekly | ☐ Bi-Weekly | ☐ Monthly |
| Payment Method: | ☐ Direct Deposit | ☐ Check | ☐ Other |

**Action Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for Action: |  | | |
| Additional Notes: |  | | |
| Supporting Documentation Attached: | | ☐ Yes | ☐ No |

**Approvals**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **Date** |
| Employee (if applicable) |  |  |  |
| Manager/Supervisor |  |  |  |
| HR Representative |  |  |  |
| Payroll Administrator |  |  |  |

**Notes**

1. Submit completed forms to the HR or Payroll Department.
2. Ensure supporting documents (e.g., offer letters, termination letters) are attached.
3. Effective dates must align with the payroll processing schedule.