



Personnel Change Order

Employee Name: _____

Effective Date: _____

Complete items only if changed.

Address: _____

City: _____ State: ____ Zip: _____ Telephone: _____

Check all changes that apply:

- Full Time Part Time Non-exempt Exempt Temporary

If not full time, hours per week: _____

Salary Change

Reason for Salary Change (Check One):

- Annual ____% Merit Promotion Bonus Other

Salary Change:	From:	To:
Hourly:	\$ _____	\$ _____
Biweekly:	\$ _____	\$ _____
Annually:	\$ _____	\$ _____

Title Change (*if applicable*): _____

Comments: _____

Manager Signature: _____

2nd Level Manager Signature: _____

Please return to HR for processing.