

NCCC Status Change Form

Complete for all changes:

Today's Date _____	Social Security # _____
Name _____	
Job Title _____	Supervisor _____

Complete only for new hire/rehire/terms/address change:

Street Address _____	
City/State/Zip _____	
Phone # _____	Date of Birth _____

Check appropriate box:

- Enter on Payroll Hourly Salaried Rate _____ Hours / Week: _____
- Address Change: _____
- Housing Allowance From: \$ _____ To: \$ _____
- Change Status To Full Time To Part Time Temporary LOA
- Change Rate From: \$ _____ To: \$ _____
- Change in Role / Title _____
- Change Hours from: _____ to: _____
- Change 401(K) Deferment From: \$ % _____ To: \$ % _____
Employer Match From: \$ % _____ To: \$ % _____
- Remove from Payroll Reason for Termination: Voluntary Discharged

Effective Date: _____	EEO-1 Code: _____
	Dept#: _____

Remarks: _____

Submitted by _____ (requestor)	Title _____	Date _____
Approved by _____ (requestor's supervisor)	Title _____	Date _____
Approved by HR _____	Date _____	

FOR ACCOUNTING USE ONLY Controller's Initials _____ Phone / VM Summary

Date added to payroll _____ Married Single # Exemptions _____

Dept. # 100 325 400 625 900 1100 1325 1500

200 350 500 700 925 1200 1350

300 375 600 800 1000 1300 1400

Worker's Comp. Code _____ Exempt from SDI & SUTA: Yes No

Employee # _____ Exempt from FICA: Yes No