



Longview Wellness Center, Inc.

Payroll/Status Change

EMPLOYEE PROFILE

Employee Name: _____ Supervisor Name _____

Date Initiated: _____ Date Effective: _____

EMPLOYMENT CHANGES

Change Type: _____ Termination Reason: _____

Replacing: _____ Vacation Payout: _____

CLASSIFICATION CHANGES

Old Information

New Information

Department Name / #: _____ Department Name / #: _____

Position Name / #: _____ Position Name / #: _____

Shift: _____ Shift: _____

Location: _____ Location: _____

Salary: _____ Salary: _____

Position Status: _____ Position Status: _____

FLSA Status _____ FLSA Status: _____

ADDITIONAL NOTES / AUTHORIZATION

Department Approval: _____ Date: _____

Human Resources Approval: _____ Date: _____

Executive Approval: _____ Date: _____

CEO Approval: _____ Date: _____