



Bulloch County Payroll Status Change Form

Office Only

WC: _____

EEOC: _____

Grade: _____

Driving Hist: _____

Employee Information

Employee Name: _____ Effective Date: _____

Department: _____ Hire Date: _____

Social Security #: _____ Account #: _____

Job Change

Job Title: _____ Hourly Rate: _____

Department: _____ Annual Salary: _____

Reason for Change: _____ Status: _____

Pay Rate Change

Current Title: _____ Current Hourly Rate: _____

New Title: _____ New Hourly Rate: _____

Reason for Change: _____ Merit Increase (%): _____

Leave of Absence

Date Leave to Begin : _____ Actual Return Date : _____

Expected Return Date : _____ Reason for Leave: _____

Termination

Reason for Termination: _____

Approved By: _____ Date: _____

Department Head Approval: _____ Date: _____

County Manager Approval (when required): _____ Date: _____