



Internal Change Form

Employee Name: _____ Date of Hire: ____/____/____

Circle One: FT PT

SALARY CHANGE

Effective Date: ____/____/____

Current Rate: \$ _____

New Rate: \$ _____

Current Annual: \$ _____

New Annual: \$ _____

Percentage of increase: _____%

Annual Difference: \$ _____

Type of Change: ____ Promotion ____ Adjustment ____ Merit ____ Annual ____ Other: _____

TITLE/MANAGER CHANGE

Effective Date: ____/____/____

Old Title: _____

New Title: _____

Old Supervisor: _____

New Supervisor: _____

OFFICE CHANGE

Effective Date: ____/____/____

Old Office: _____

New Office: _____

Employee Signature: _____

Date: ____/____/____

HR Signature: _____

Date: ____/____/____