EMPLOYEE RECORD CHANGE FORM

Employee Name:		**Pay Period**	
Effective Date or Last Day of Work:		**Shift Change:**	
Payworks #:			
Pay Group		**Status Change:**	
□ AB Inc □ BC Inc □ Edm Inc □Ham Corp □ NS Corp □ OTT Corp □ QC Corp		□ Termination	□ Temporary to Perma
Reason for Leave:		□ STD	□ Medical Leave
Expected Return Date:	**Actual Return Date:**	□ Leave of Absence	□ Return to Work/Acti
Position Type:	□ Temporary	□ Permanent	
Reason for Terminatio	□ Attendance	□ Quit	□ Performance	□ Dismissal

Comments/Notes:

Pay Rate Change:	Old Rate:	New Rate:	Retro Amount:

New Department:		**Old Department:**	
New Position:		**Old Position:**	
New Manager:		**Old Manager:**	

Bonus/Incentive Amount	**Pay In Lieu**	**Bonus Pay Out Pay Period:**

Comments/Notes:

Request Submitted By:	**Date Completed:**