

Ascot Enterprises, Inc.
Payroll Status Form

Employee Name _____ **Employee Number** _____
Address _____
City _____ State _____ Zip _____
Social Security Number _____ **Date of Birth** _____
Current Department _____ New Department _____
Rate/Salary _____

Job Status

Full Time _____ Part Time _____

Comments _____

Employment

New Hire _____ Rehire _____ Reinstatement _____
(From leave or layoff)

Comments _____

Termination

Resignation _____ Quit Without Notice _____
Discharged _____ Layoff _____
Effective Date _____

Comments _____

Change Rate

Rate: From _____ To _____
Date of Change _____ Effective Date _____

Comments _____

Authorization

Authorized By _____ Date _____
Approved By _____ Date _____