



PERSONNEL CHANGE NOTICE

MUST BE TURNED IN BY 12:00 PM ON FRIDAY TO BE INCLUDED ON NEXT CHECK

Name: _____ Dept: _____ Team Member #: _____

ADDRESS/INFORMATION CHANGES

Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____

WORK STATUS

Part-Time Full-Time FMLA Light Duty LOA Effective Dates: ____/____/____ to ____/____/____

DEPARTMENT TRANSFER (to be completed by dept. RECEIVING the transferred team member)

New Dept: _____ Effective Date: ____/____/____ New Title (if applicable): _____
Grade (if applicable): _____ Skill Level (if applicable): _____ Pay Rate (if applicable): \$ _____

TO BE COMPLETED BY HUMAN RESOURCES

Time Keeper: _____ Time Clock: _____

PAY RATE CHANGES

REASON: Skill Level Annual Promotion Premium Pay Atypical

Effective Date: ____/____/____

Old Base Rate: \$ _____

Old Grade: _____

New Base Rate: \$ _____

New Grade: _____

RECAP of Pay Components:

New Base Pay	\$ _____	
Night Shift Premium	\$ _____	(\$1.00)
Lead Premium	\$ _____	(\$1.00)
Safety Team Premium	\$ _____	(\$0.50)
Delta Team Premium	\$ _____	(\$0.75)
TOTAL NEW RATE	\$ _____	

COMMENTS:

Next Review Date: ____/____/____

OTHER COMPENSATION

Please pay me for _____ hours I was (or plan to be) absent from Regal ____/____/____ to ____/____/____.

USE: _____ Vacation _____ PTO _____ BDay PTO _____ Jury Duty _____ Funeral
(8 hr increment) (4, 8, or 10 hr incr) (must be here 1 Yr) (provide documentation) (up to 24 hrs)

CASH OUT: _____ hours of my PTO or Vacation (3rd or 4th week only)

Approved by: _____

APPROVALS

Team Member Signature

Team Leader / Manager Signature

Human Resources Signature

Senior Team Signature

Date

Date

Date

Date

For HR Use Only
Scanned by: _____
Date: _____