

Geauga County Auditor  
Payroll Dept. - Employee Status Change Notice

Rev. 12-14

Dept: \_\_\_\_\_/Work City \_\_\_\_\_ Effective Date: \_\_\_\_\_ Pay Day: \_\_\_\_\_  
G/L Number \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
Seasonal \_\_\_\_\_ Temp \_\_\_\_\_

\_\_\_\_ **New Hire** \_\_\_\_ Rate Change \_\_\_\_ **I9/I.D.** \_\_\_\_ **Termination\***  
\_\_\_\_ **Rehire** \_\_\_\_ Tax Change (indicate below) \_\_\_\_ **SSA form** \_\_\_\_ **Resigned\***  
\_\_\_\_ Transfer \_\_\_\_ **Accrual info (Comments)** \_\_\_\_ **OPERS** \_\_\_\_ **Retired\***  
\_\_\_\_ PTtoFT/FTtoPT \_\_\_\_ Name Change (note below) \_\_\_\_ **Fraud** \_\_\_\_ **Death\***  
\_\_\_\_ Position change \_\_\_\_ Address Change \_\_\_\_ **Direct Deposit** \_\_\_\_ Other \_\_\_\_\_

ID# \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (new hires only)

Name: \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_

NAME CHANGE: (provide current name in NWS) \_\_\_\_\_

Street Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Race: \_\_\_\_\_  
Position: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

**1st Day Worked** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Last Day wk\*** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Accrual Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Hourly Rate \$ \_\_\_\_\_ (Four Decimal Places) Other Pay \_\_\_\_\_ Provide info

Worksite: \_\_\_\_\_ EEOC Function: \_\_\_\_\_ EEOC Category: \_\_\_\_\_

**Fed W/H Status:** Provide current W4 **Accrual Plan** Yes \_\_\_\_ No \_\_\_\_

**State W/H Status:** Provide current IT4

**Residence Tax:** (CCA or RITA only-provide Muni form)

**Berkshire/Ledgemont School Tax:** Provide current IT4

P.E.R.S. \_\_\_\_ Yes \_\_\_\_ No Circle one **Local, Health, Law Enforcement, Public Safety** / S.T.R.S \_\_\_\_ Yes \_\_\_\_ No

Codes		Deduction code	Amount	Change – N/C/D
BPPERS	DD HlthOvDpndt			
TDBPERS	HSA-DD			
CREDIT UNION	AFLAC- (Metz only)			
UW (United Way)	VOL TERM – (Metz only)			
GAR (Garnishment)	MRC HOSP – F or S			
CSEA (Child Support)	CCAO or OPEDCP			
<b>Unions</b>				
CWA	MEA			
OPBA				
FOP				

Call for additional codes

(N=new; C=change; D=delete)

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_