



# CASUAL EXTENSION FORM

PLEASE SEND COMPLETED FORMS TO HR. HR- PLEASE SEND ALL CHANGES VIA SHAREFILE 3-5 DAYS PRIOR TO SCHEDULED PROCESSING DATE. **PLEASE TYPE ALL INFORMATION.**

Employee Full Name:

\*Multiple Names Allowed  
if All Fields The Same

Submitted by:

Select Reason for Change:

Start Date:

End Date:

FTE Change:

Job Classification:

Rate Change - Please specify from \$ to \$

Please select reason:

Title Change:

GL Account Number: - - -

Scheduled Hours Change:

Supervisor Change:

Enter hours per pay period:

Enter Worker Category (FT, PT, Temp,  
etc.):

Visa Status Change (enter type of Visa):

\*Visa status change may have tax implications based on visa type

Comments/Other Changes:

Department Head /Form Creator Signature:

Head of Finance Signature:

HR Signature:

Division Head Signature:

President Signature:

All template forms **must** be uploaded to ShareFile —

Managed Payroll Solutions **CANNOT ACCEPT** employee forms via email due to Privacy Regulation Laws.

- EE Changes — New Hires — Terms — This folder is where you upload all documents
- Template Employee Forms — This folder is where your forms are located