

PAYROLL CHANGE FORM

nployee Name:		Effective Date of Action:		
UPDATED EMPLOYEE	DATA:			
Dept.:	Position:	Status:		
Hours Per Pay Period:	Pay Rate:	Comments:		
ACTION TO BE TAKEN Post Position: Hours Per Pay Period Shift Requisition # Comments Circle One: New Hire Change Pay Requisition # Comments Resignation/Termination of I		Change Job Change Status	Add Additional Job	
Reason:				
Performance Evaluation:				
Current Rate of Pay				
New Rate of Pay				
Merit Increase Percentage				
	ninistrators are responsible all new positions and non-	e for authorization of all actions re annual pay changes. Human Resc		
Employee Signature	Date	Supervisor Signature	Date	

Date

CFO Signature

Date

Administrator Signature