Winning Wheels

Comprehensive Rehabilitative Care and Independent Living Solutions

PAYROLL CHANGE FORM

Employee 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 Change Department Change Job Change Status Add Additional Job

Requisition #	
Comments	

Resignation/Termination of Employment:

Reason:_____

Performance Evaluation:

Current Rate of Pay	
New Rate of Pay	
Merit Increase Percentage	

Notes on Performance Evaluation:_____

Required Authorization: Administrators are responsible for authorization of all actions requested above. The CFO must approve the posting of all new positions and non-annual pay changes. Human Resources will identify the appropriate level of authorization require.

_____ _____

Employee Signature Date **Supervisor Signature Date**

_____ _____

Administrator Signature Date **CFO Signature Date**