

Please Note: No changes may occur without completion of this form

Paperless Timesheet Change

Please complete this form anytime you are adding or removing an employee from an approval path or there is a change in supervision for any existing employee and forward to Payroll Supervisor by e-mail to: dhmh.payroll@maryland.gov .

Agency Code: _____

TK Sort: _____ Name of Unit: _____

Agency Contact: _____
Name Telephone number

Date Form Submitted: _____

New Employee:

Name: _____
First Middle Initial Last
(If this employee supervises please complete the section: **Change in Supervision**)

EIN (if known): _____ Email Address: _____

Supervisor: _____ EIN
Name Telephone number

Delete Employee:

Name: _____
First Middle Initial Last
(If this employee supervises please complete the section: **Change in Supervision**)

EIN (if known): _____ Email Address: _____

Effective Date: _____ Reason for Removal: _____

Supervisor: _____
Name Telephone number

Change in Supervision:

Remove Supervision from:

Supervisor's Name: _____ EIN: _____

Employee Supervised: _____ EIN: _____

Employee Supervised: _____ EIN: _____

Add Supervision to:

Supervisor's Name: _____ EIN: _____

Employee Supervised: _____ EIN: _____

Employee Supervised: _____ EIN: _____

If you have any questions completing this form please contact the Payroll Department at 410-767-5544.

