CITY OF HICKORY
PAYROLL CHANGE NOTICE

Employee Name: _____

Department/Division: _____   **Date Change Effective:** _____

A. Action To Be Taken:
  _____Enter on Payroll   ___Change Current Status ___Remove From Payroll
                          Last day paid: _____

B. New Hire or Status Before Change:

Department/Division:		Position Title:	
Status	Payroll		Pay Frequency
☐ Full Time	Pay Grade:		☐ Weekly
☐ Part Time	Annual Salary:		☐ Bi-Weekly
	Hourly Salary:		

Status After Change:

Department/Division:		Position Title:	
Status	Payroll		Pay Frequency
☐ Full Time	Pay Grade:		☐ Weekly
☐ Part Time	Annual Salary:		☐ Bi-Weekly
	Hourly Salary:		

C. Reason for Change:

Reason for Remove from Payroll:
    _____Resigned/Quit   Vacation Hours to be Paid: _____
    _____Retired   Comp Time Hours to be Paid: _____
    _____Terminated   Sick Leave Balance: _____

Reason for Change (Other than New Hire or Remove from Payroll)
   _____Promotion
   _____Change of Scheduled Hours
   _____Demotion
   _____Lateral Transfer
   _____Other: _____

Department must contact the IT Help Desk for new employee technology requirements (phone and email, etc.) and when employee leaves employment (passwords, email, return of items) _____Completed _____Not Applicable

Transferring Department Date	Department Head Date
Supervisor Date	Human Resources Date
	City Manager Date