

Print on green paper

HR Date Stamp:

PAYROLL CHANGE NOTICE
OUT-PROCESSING
or CHANGE TO NON-BENEFITS ELIGIBLE STATUS

Current Information:

Name: _____ Emp. #: _____ Loc. # _____
Department: _____ Dept. Head: _____
Date of Hire: ___/___/___ Position Title: _____ Shift: _____
Hourly Rate of Pay or Biweekly Salary: \$ _____ Grade: _____ If part time, # hours biwkly: _____

Complete below for applicable transactions:

End of Employment:

- Voluntary Resignation Involuntary Termination Retirement
 Lay Off Deceased End of Temporary Assignment

Separation Date: ___/___/___ Last Day Worked (if different): ___/___/___

Change of Status:

Effective date of change: ___/___/___ New Evaluation Date: ___/___/___

New Hourly Pay Rate: \$ _____

- Per Diem Change to Per Diem Dept # _____
 Retiring under NHRS and changing to Part Time/Benefit Eligible (24-32 hrs/wk)
 NHRS Annuitant: Group 1 Group 2 (Certified Y / N)
 Part Time/No Benefits (less than 24 hrs/wk) # of biweekly hours: _____ shift: 1 2 3

Filling vacancy for (if applicable): _____ Position # _____

Employee Signature: _____ **Date:** _____

HUMAN RESOURCES DEPARTMENT COMPLETES THIS SECTION

Insurance Coverage End Dates:

Health	Dental	STD	LTD	FSA,HSA, Dep Care	Life	Vision	Colonial

Eligible for Longevity payment: Yes No

Amount: 5 yrs/\$150 10 yrs/\$300 15 yrs/\$450 20 yrs/\$750 25+ yrs/\$1,000

Comments: _____

LTC Dept. Head initials: _____

O/DD: _____ Date: ___/___/___

HR Director: _____ Date: ___/___/___

Finance Dir: _____ Date: ___/___/___

HR/Finance Use: HR initials: _____

Date to Finance: ___/___/___

Rcvd. Finance: ___/___/___

Finance Processed: ___/___/___

If applicable:

BOC signatures: _____