



PAYROLL CHANGE FORM

Deadline: 3:00 PM EST Friday prior to Payroll

Effective Date _____

Employee Name _____

Employee Number _____ Job Code _____

Full Time

Part Time

Promotion

Demotion

Transfer Old Job # _____ New Job # _____

Pay Change Old Pay Rate _____ New Pay Rate _____ Hour Annually

Car Allowance _____ Frequency _____

Other _____

Supervisor Signature

Date

Handwritten or Electronic Certified Signature

Please complete information and submit to the Payroll Department at

Fax: (478) 254-3510

Email: Payroll@kimcoserv.com

Corporate Use Only

Received Date: _____ Processed By: _____ Processed Date: _____