Print on pink paper

HR Date Stamp:

PAYROLL CHANGE NOTICE

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:_____

Name Change:

Employee should contact HR to complete required paperwork related to any applicable benefits.

☐ Copy of new Social Security Card ☐ NHRS forms ☐ Copy of PCN to IT

Change:

Effective Date: ________________

☐ Annual Evaluation

☐ Temporary Assignment Outside of Class per PPP Start Date: ___________ End Date: __________

Temporary Replacement for: ____

☐ Promotion ☐ Demotion ☐ Lateral transfer to: ____

☐ Department Transfer to: _____________________________ ☐ Shift Change to: __________________

☐ Position Title Change to:____ Job Class Code:_________

Change to ☐ Exempt ☐ Non-Exempt W/C Class Code:________

☐ Change in Biweekly Scheduled Hours from: ________ to: ________

☐ Filling Vacancy/Replacement for: _______________________________Position #_________________

Next Evaluation Date: ____/_____/_____ Next Pay Increase Date (if different): ____/____/____

Comments:____

New Hourly Rate of Pay or Biweekly Salary: $_______________ Grade: _____

New semimonthly premiums:

Short Term Disability	$	Health Insurance	$
Long Term Disability	$	Dental Insurance	$

Note: Disability premium changes are effective the first of the month following your change in rate. The full month's premiums are due one month in advance of any rate change.

Employee Signature: ____ Date: ________________

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: _________________________ _________________________ _________________________