

**CITY OF COLLEYVILLE**

**PAYROLL CHANGE REQUEST FORM**

**Employee Name** \_\_\_\_\_  
Last First MI

**Social Security Number** \_\_\_\_\_ **Department** \_\_\_\_\_  
Last 4 digits only

**CHANGE REQUESTED**

**Effective Date** \_\_\_\_\_ **Hire Date** \_\_\_\_\_ **Date of Next Evaluation** \_\_\_\_\_

- |                                                                       |                                    |                                                                                                                                                      |                                      |
|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> New Hire                                     | <input type="checkbox"/> Promotion | <input type="checkbox"/> Reclassification                                                                                                            | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Rehire                                       | <input type="checkbox"/> Transfer  | <input type="checkbox"/> Temporary Assignment                                                                                                        | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Merit Increase <i>Give Review Date</i> _____ |                                    | <input type="checkbox"/> Demotion <input type="checkbox"/> Voluntary <input type="checkbox"/> Disciplinary <input type="checkbox"/> Non-Disciplinary |                                      |
| <input type="checkbox"/> Suspension From _____ To _____ Hours _____   |                                    | Pay Change <input type="checkbox"/> Increase _____% <input type="checkbox"/> Decrease _____%                                                         |                                      |

**PROPOSED CHANGE**

**From**

**To**

Position Title \_\_\_\_\_  
 Department \_\_\_\_\_  
 Pay Grade \_\_\_\_\_  
 Salary \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Annual Biweekly Hourly  
 Dept Position is funded by: Fund # \_\_\_\_\_ Dept # \_\_\_\_\_  
 Incentives Type \_\_\_\_\_ Rate \$ \_\_\_\_\_  
 Other \_\_\_\_\_

Position Title \_\_\_\_\_  
 Department \_\_\_\_\_  
 Pay Grade \_\_\_\_\_  
 Salary \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Annual Biweekly Hourly  
 Dept Position is funded by: Fund # \_\_\_\_\_ Dept # \_\_\_\_\_  
 Incentives Type \_\_\_\_\_ Rate \$ \_\_\_\_\_  
 Other \_\_\_\_\_

**Change Justification/Comments** \_\_\_\_\_  
 \_\_\_\_\_

**WORK STATUS**

- Employment Status**  Probationary  Regular  Temporary  Seasonal
- Work Hours**  Full Time  Part Time \_\_\_\_\_ Hours/week

**AUTHORIZATION**

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Department Director/Designee

\_\_\_\_\_  
 City Manager/Designee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

*\*Department should: (1) Send Original to Human Resources (2) Keep Copy for Department Records (3) Give Copy to Employee*