

# Tippecanoe County Government

## Payroll Change Request Form

As an employee of the Tippecanoe County Government, I agree to accept the following terms and conditions of employment and to follow all County policies, rules, and regulations including those set forth by Departmental policies, rules and regulations for covered employees. I understand that the policies, rules, and regulations include, but are not limited to, those outlined in the Tippecanoe County Personnel Policy manual.

Reason for completion:  Re-Hire  New Hire  End Probation  Promotion  Transfer  
 Longevity Increase  Part-Time Hourly Increase  Other (specify) \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS Number **(last 4 digits only)**: \_\_\_\_\_

Department: \_\_\_\_\_ Job Classification (i.e. COMOT/PAT etc): \_\_\_\_\_

Job Title: \_\_\_\_\_ Original (**Benefit Eligible**) Hire Date: \_\_\_\_\_  
*(Necessary for Longevity Increase)*

Status:  Regular Full Time \_\_\_\_\_ Hour Shift (number of hours for accruals, i.e. - .7.5; 8; 10; or 12)  
 Regular Part Time (30 hrs w/benefits)  Part Time  Temporary  Seasonal

Regular Scheduled hours of work: \_\_\_\_\_ to \_\_\_\_\_,  
(Hours) (Days of Week)

My rate of pay will be: \$ \_\_\_\_\_ per  Bi-Weekly Salary  Hour  
FLSA Status:  Exempt  Non-Exempt Timeforce Supervisor: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\*NOTE: Transfers or position changes within the County must occur at the beginning of a payroll cycle.**

*By my signature, I accept the conditions of employment as stated above.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Payroll Information:**

Payroll Account #(s): \_\_\_\_\_ Previous Acct (If Applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approvals:**

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funding Department Signature (if different)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Director Signature

\_\_\_\_\_  
Date

**For HR Use Only:**  
Pay amount/title verified on Ordinance: \_\_\_\_\_ Entered in HTE: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Parking Amount Per Payroll: \_\_\_\_\_ Timeforce: \_\_\_\_\_ Entered in Payroll: \_\_\_\_\_