

## PAYROLL CHANGE NOTICE FORM

**upload at <https://secure.landrumcompanies.com>>Secure Uploads>Employee Documentation**

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Client Name/Location: \_\_\_\_\_

**Hourly Rate/Salary Change:** From: \_\_\_\_\_ To: \_\_\_\_\_ Eff. Date:\* \_\_\_\_\_

- Hourly   
  Salary Exempt (no overtime)   
  Salary Non-Exempt (may receive overtime)   
  Commission   
  Piecework   
  Seasonal   
  Temporary

**Job Title Change:** From: \_\_\_\_\_ To: \_\_\_\_\_ Eff. Date:\* \_\_\_\_\_

**Dept. Change:** From: \_\_\_\_\_ To: \_\_\_\_\_ Eff. Date:\* \_\_\_\_\_

**Part Time/Full Time Change:**   
  Part time to Full time   
  Full time to Part time  
 On Call/PRN (Active)   
  On Call/PRN (Inactive)  
 Average hours to be worked per week: \_\_\_\_\_   
**Effective Date:\*** \_\_\_\_\_

**Reason(s) for Change**

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Merit Increase  | <input type="checkbox"/> Cost of Living Adjustment  | <input type="checkbox"/> Layoff     |
| <input type="checkbox"/> Probation Completed   | <input type="checkbox"/> Length of Service Increase | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Promotion   | <input type="checkbox"/> Re-evaluation of Job       | <input type="checkbox"/> Transfer   |
| <input type="checkbox"/> Increased Responsibilities  | <input type="checkbox"/> Demotion                   | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Leave of Absence (Check One: <input type="checkbox"/> Medical <input type="checkbox"/> Maternity <input type="checkbox"/> Military <input type="checkbox"/> Educational, Other) |   |                                     |

**Pay Cycle:** Change from: \_\_\_\_\_ To: \_\_\_\_\_

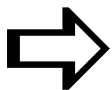
Comments: \_\_\_\_\_

**Please complete this section if applicable**

<b>Supervisor Change:</b> (responsible for managing this employee's hours)	From: _____	To: _____	Eff. Date:* _____
<b>Job Title &amp; Code Change:</b>	From: _____	To: _____	Eff. Date:* _____
<b>Pay Rate for this job:</b>	From: _____	To: _____	Eff. Date:* _____
<b>Job/Project Percentage:</b>	From: _____	To: _____	Eff. Date:* _____
<b>Job Title &amp; Code Change:</b>	From: _____	To: _____	Eff. Date:* _____
<b>Pay Rate for this job:</b>	From: _____	To: _____	Eff. Date:* _____
<b>Job/Project Percentage:</b>	From: _____	To: _____	Eff. Date:* _____
<b>Job Title &amp; Code Change:</b>	From: _____	To: _____	Eff. Date:* _____
<b>Pay Rate for this job:</b>	From: _____	To: _____	Eff. Date:* _____
<b>Job/Project Percentage:</b>	From: _____	To: _____	Eff. Date:* _____
<b>Change in Actual/Fixed?</b>	From: _____	To: _____	Eff. Date:* _____

Is there a change in employee's duties/job? If so, explain. \_\_\_\_\_

**\*IMPORTANT!** This is the date that the requested change(s) will be made in XactTime. We recommend that the effective dates be made after a pay period has ended and after payroll reports are run but before the new pay period begins. Please keep in mind that the date the change is made, all associated rules for that department, job payroll policy, etc. will apply.



**Signature of Person Completing form:** \_\_\_\_\_

Date: \_\_\_\_\_