

PAYROLL CHANGE REQUEST FORM

Court Packet # _____

Signed original to the County Auditor by Tuesday at 8:00 A.M. before the Monday Commissioners Court at which it is to be approved.

EMPLOYEE NAME: _____ EMPLOYEE NO.: _____
 JOB TITLE: _____ DEPARTMENT NAME/NO.: _____
 REQUESTOR: _____ EFFECTIVE DATE: _____

(TO BE COMPLETED BY THE REQUESTING DEPARTMENT)		
CHECK APPLICABLE BOXES	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> HOURLY <input type="checkbox"/> BI-WEEKLY BASE RATE	\$	\$
BI-WEEKLY: <input type="checkbox"/> AUTO \$ <input type="checkbox"/> DEPUTY LONGEVITY \$ <input type="checkbox"/> CERTIFICATION PAY \$		
TOTAL HOURLY/BI-WEEKLY PAY _____ (do not add auto)		
EMPLOYEE STATUS: <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
<input type="checkbox"/> REPLACEMENT FOR _____ OR <input type="checkbox"/> NEW POSITION		
REASON FOR CHANGE (S):		
<input type="checkbox"/> HIRED <input type="checkbox"/> RE-HIRED <input type="checkbox"/> PROMOTED <input type="checkbox"/> DEMOTED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/> RESIGNED <input type="checkbox"/> DISCHARGED	<input type="checkbox"/> LAID OFF <input type="checkbox"/> RETIRED <input type="checkbox"/> DECEASED <input type="checkbox"/> STATUS CHANGE <input type="checkbox"/> CORRECTION <input type="checkbox"/> BRIDGE TIME <input type="checkbox"/> UNPAID LEAVE OF ABSENCE (NON-MEDICAL) from _____ to _____	<input type="checkbox"/> JOB RE-EVALUATED <input type="checkbox"/> MERIT INCREASE <input type="checkbox"/> PROBATIONARY PERIOD COMPLETED <input type="checkbox"/> PAID FMLA/DISABILITY LEAVE <input type="checkbox"/> UNPAID FMLA/DISABILITY LEAVE <input type="checkbox"/> RETURN FROM PAID/UNPAID FMLA/DISABILITY LEAVE <input type="checkbox"/> OTHER _____

(TO BE COMPLETED BY HUMAN RESOURCES)	
DATE OF HIRE _____ JOB GRADE _____ COMPA-RATIO _____% MINIMUM _____ MIDPOINT _____ MAXIMUM _____ <input type="checkbox"/> POSITION IS NOT COVERED BY CIVIL SERVICE <input type="checkbox"/> POSITION IS COVERED BY CIVIL SERVICE EFFECTIVE _____ BENEFIT ELIGIBILITY: TCDRS MEDICAL/LIFE, ETC. <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO	<u>HOURS DUE AT SEPARATION</u> <input type="checkbox"/> VACATION _____ <input type="checkbox"/> SICK LEAVE* _____ <input type="checkbox"/> COMPENSATORY TIME _____ <input type="checkbox"/> HOLIDAY TIME _____ <input type="checkbox"/> AUTO PAY _____ *Only grandfathered sick leave will be paid at time of retirement (eligible under TCDRS)

(TO BE COMPLETED BY THE COUNTY AUDITOR)	
CURRENT FY BUDGETED AMOUNT _____	SALARY ANNUALIZED _____ ANNUAL BUDGETED HOURS _____
FY _____ BUDGET WILL INCREASE BY _____	SOURCE OF FUNDING _____
BUDGET AMENDMENT WILL BE NEEDED IN THE AMOUNT OF _____ REVIEWED BY COUNTY AUDITOR _____	

DATE APPROVED BY COMMISSIONERS COURT: _____

CO JUDGE COMM PCT# 1 COMM PCT# 2 COMM PCT# 3 COMM PCT# 4

DO NOT MODIFY THIS FORM