

NIFS Payroll Change Notice

SECTION 1

Employee Information

Employee Name: _____ Employee ID: _____
 Current Department: _____ Current Position: _____ Social Security Number: XXX - XX - _____

SECTION 2

New Information/Changes

Effective Date of Change: _____

Pay Date to be Effective: _____

Reason for Change(s):

☐ New Hire ☐ Merit Increase ☐ Promotion ☐ Transfer ☐ Other (Explain) _____

	FROM	TO
Department		
Position		
Job Title		
Full-Time / Part-Time		
Salary / Hourly / Intern		
Pay Rate		
Marital Status*		
Is Employee a Supervisor? (Yes / No)		
List Department(s) Access Needed		
Reports To		
Bonus		
Other		
Timesheet Entry / Punch		

* New Form W-4 required if employee wishes to change tax withholding due to marital status change.

Employee Signature: _____
 (Employee Signature required only if pay decreases)

SECTION 3

Employee Information Change

Effective Date of Change: _____

Name Change: From _____ to _____
 Address Change: _____ Apartment Number: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ E-mail Address: _____
 Old County of Residence: _____ New County* of Residence: _____

* If new county of residence, please submit updated State Tax form.

SECTION 4

Authorization

Change Requested By: *Printed Name* _____ *Signature* _____ *Date* _____
 Change Authorized By: *Printed Name* _____ *Signature* _____ *Date* _____
 Change Approved By: *Printed Name* _____ *Signature* _____ *Date* _____