

Employee Hourly Rate and Work Status Change Form

This form is intended to communicate all pay rate changes of individual employees by the department to the Auditor's Office. Across-the-board pay increases may be submitted on department-generated forms and spreadsheets as long as this information and original signatures are provided for each employee. If you have questions, please call the Auditor's Office at 687-7181 or 687-7049.

EMPLOYEE'S GENERAL INFORMATION

Employee Number: _____ Department: _____ Supervisor _____
Last Name: _____ First: _____ MI: _____
Effective Date: _____ Effective CHECK DATE: _____

HOURLY PAY RATE CHANGE

Current Hourly Pay Rate: _____ New Hourly Pay Rate: _____

Is the employee receiving retro pay (over prior pay periods) as a result of this rate change? Yes No

If YES you **MUST** attach supporting documentation. Acceptable documentation examples: 1) Copy of Board Minutes stating employee is receiving a retroactive raise and the minutes must reference the effective date. Board Minutes must also reference the date the meeting actually occurred. 2) State of Ohio documentation referencing effective date of increase along with date stamped when department received documentation
NOTICE: A retroactive pay raise (over prior pay periods) may subject the employer to interest and penalties with OPERS.

CHANGE IN WEEKLY HOURS WORKED

Old Number of Hours Worked Biweekly: _____ New Number of Hours Worked Biweekly: _____

Work Status: (please circle one) Full-Time OR Part-Time

CHANGE IN JOB CLASS CODE AND/OR SALARY/BENEFIT CODE

*Must provide new benefit account numbers when changing salary account numbers.

Old Job Class Code: _____	New Job Class Code: _____
Old Org/Obj/Proj%: _____	New Org/Orj/Proj%: _____
Old Org/Obj/Proj%: _____	New Org/Orj/Proj%: _____
Old Org/Obj/Proj%: _____	New Org/Orj/Proj%: _____
Old Org/Obj/Proj%: _____	New Org/Orj/Proj%: _____
Old Medicare code: _____	*New Medicare code: _____
Old OPERS code: _____	*New OPERS code: _____
Old Health Ins. code: _____	*New Health Ins. code: _____
Old Basic Life code: _____	*New Basic Life code: _____

CERTIFICATION

Department Head (or designee) Signature: _____ Date: _____

FOR AUDITOR'S OFFICE USE ONLY

Deputy Auditor Initials: _____ Date recorded in system: _____