

PAYROLL CHANGE NOTICE

CITY OF SPRINGDALE

DATE OF CHANGE	SOCIAL SECURITY NUMBER
NAME	PHONE
ADDRESS	CITY/STATE/ZIP
DEPARTMENT Fire	SHIFT

THE CHANGE(S):

Mark Applicable Boxes

		FROM	TO
<input type="checkbox"/>	DEPARTMENT		
<input type="checkbox"/>	JOB		
<input type="checkbox"/>	SHIFT		
<input checked="" type="checkbox"/>	RATE		
<input type="checkbox"/>	ADDRESS		
<input type="checkbox"/>	BENEFIT PLAN		
<input type="checkbox"/>	OTHER		
<input type="checkbox"/>	OTHER		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/>	HIRED	<input type="checkbox"/>	PROBATIONARY TIME COMPLETED
<input type="checkbox"/>	RE-HIRED	<input type="checkbox"/>	LENGTH OF SERVICE INCREASE
<input type="checkbox"/>	PROMOTION	<input type="checkbox"/>	RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/>	DEMOTION	<input type="checkbox"/>	RESIGNATION
<input type="checkbox"/>	TRANSFER	<input type="checkbox"/>	RETIREMENT
<input checked="" type="checkbox"/>	MERIT INCREASE	<input type="checkbox"/>	LAYOFF
<input type="checkbox"/>	WAGE SCALE CHANGE	<input type="checkbox"/>	DISCHARGE
<input type="checkbox"/>	LEAVE FROM ABSENCE FROM :		

_____ UNTIL _____
(DATE) (DATE)

TYPE OF LEAVE _____

OTHER (EXPLAIN)

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
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SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCE MANAGER	DATE