

PAYROLL CHANGE FORM

EMPLOYEE NAME: _____

EMPLOYEE NUMBER _____

New Address: _____
(if applicable)

New Phone Number: _____
(if applicable)

EMERGENCY CONTACT	NAME _____	PHONE: _____
	ADDRESS: _____	

Effective Date: _____
(changes must be effective the 1st day of a pay period)

Old Salary: _____
(if applicable)

New Salary: _____
(if applicable)

Change Type:

name change
(certificate attached)

merit increase**
(review attached)

address/phone # change

discontinue Colonial

promotion/salary increase**

reclassification**

discontinue United Way

transfer**

extend probation**

demotion**

discontinue deferred comp

other

Reason For Change:

Employee Signature:

Date:

Department Head/Elected Official Signature

Date: