PAYROLL CHANGE NOTICE

Name: _____ Effective date of change: _____

Address: _____ Home Department: _____

_____ Employee Number: _____

Telephone: _____ Status: _____

Classification: _____ Date hired: _____

_____ Date passed physical: _____

G.L. Account # _____ Driving Record Subscription Service: ◯ Yes ◯ No

_____ CDL/DOT required: ◯ Yes ◯ No

Starting rate: _____

☐ Transfer ☐ Rate Change ☐ Promotion ☐ Alternate Rate ☐ Terminate Rate

Current Rate: _____ Current Classification: _____

New Rate: _____ New Classification: _____

New G. L. Account: _____

☐ Termination: _____

Remarks/reason for payroll change (detail):

Performance Rating: (Required for all rate changes, changes in classification and terminations.)

Ability _____

Conduct _____

Attendance _____

Production _____

Sign this form electronically. Example: /s/John Doe

Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Director of Human Resources: _____ Date: _____

Human Resources Use only

Re-employ ◯ Yes ◯ No	Position Number:	☐ InForum Gold ☐ To Payroll

Revised: October 2008