

# PAYROLL CHANGE NOTICE

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	DATE & TIME	
EMPLOYEE NAME		
SOCIAL SECURITY NO. * * * - * * -	DEPARTMENT	CLOCK NO.

**THE CHANGE(S):**

√ All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT	_____	_____
<input type="checkbox"/> JOB TITLE	_____	_____
<input type="checkbox"/> PAY LINE ITEM	_____	_____
<input type="checkbox"/> PAY RATE	_____	_____
<input type="checkbox"/> FT / PT / TEMPORARY	_____	_____
<input type="checkbox"/> OTHER	_____	_____

**THE REASON FOR THE CHANGES:**

<input type="checkbox"/> HIRED <input type="checkbox"/> RE-HIRED (SEE BELOW) <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> MERIT INCREASE <input type="checkbox"/> UNION SCALE <input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) <input type="checkbox"/> OTHER (Explain) _____ _____ _____	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED <input type="checkbox"/> LENGTH OF SERVICE INCREASE <input type="checkbox"/> RE-EVALUATION OF EXISTING JOB <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
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**AUTHORIZATION:**

DEPARTMENT HEAD APPROVAL: _____	DATE _____
FINANCIAL APPROVAL: _____	DATE _____