PAYROLL CHANGE NOTICE

TO: HUMAN RESOURCES/PAYROLL

EFFECTIVE DATE:	
TERMINATION DATE:	
PAYOUT DATE:	

EMPLOYEE: _____ **EMP #:** _____ **SELF ENTRY:** ☐

FULL TIME: ☐ PART TIME: ☐	FROM:	TO:
FUND/DEPARTMENT/ACCOUNT #'S		
JOB TITLE		
POSITION #/ GRADE		
RATE-ANNUAL AND HOURLY		

UNION: Not Applicable FULL SHARE ☐

REASON(S) FOR CHANGE(S):

☐HIRED
☐RE-HIRED
☐PROMOTION
☐DEMOTION
☐TRANSFER
☐FMLA
☐MERIT INCREASE
☐UNION INCREASE
☐PROBATIONARY COMPLETED
☐ANNUAL INCREASE
☐Other (Explain) _____
☐RESIGNATION
☐RETIREMENT
☐LAY-OFF
☐DISCHARGE

PAYROLL ADJUSTMENT(S):

TYPE	FROM	TO
NATIONWIDE		
AXA EQUITABLE		
VALIC		
LABOR COUNCIL		
FOP DUES		
OTHER		

ADDRESS CHANGE:

X _____
Employee Signature

E-MAIL ADDRESS:

X _____
Department Head Signature