EMPLOYEE NUMBER

New Hire Re-Hire Change Termination



## PAYROLL CHANGE FORM

EMPLOYEE NAME EFFECTIVE DATE GENERAL INFORMATION/CHANGES RATE OF PAY and OTHER PAYS SOCIAL SOC. # PAY RATE ADDRESS HOURLY SALARIED ADDITIONAL PAY (ISSUE SEPARATE CHECK) HOME DEPARTMENT ADMIN PLANT HOURS OR- \$ AMOUNT UNUSED VACATION □REPACK □ SALES OTHER: MARITAL STATUS SINGLE BONUS MARRIED HEAD OF HOUSEHOLD EXEMPTIONS (no benefit deduction on additional pay checks) FEDERAL OTHER PAYS Additioal \$ Description STATE Amount Additional \$ (Must be the same for Federal & State) TERMINATION DATE: DEDUCTIONS AMOUNT DISABILITY HEALTH INS. UNIFORMS CHILD SPT DENTAL Approved By: \_\_\_\_\_ **Executive Officer** 401K DEFFERAL \_\_\_\_\_\_ % DOB \_\_\_\_ Date: \_

Requested By