

PAYROLL ACTION FORM EMPLOYEE CHANGE AUTHORIZATION FORM

6. INFORMATION CHANGE (COMPLETE IN ALL CASES) LAST NAME FIRST NAME M.I. Name must be filled out ADDRESS CHANGE: HOME PHONE CITY STATE ZIP CODE This information ONLY needs to be filled out IF there is a CHANGE in address for an employee 7. SALARY CHANGE **EFFECTIVE DATE:** Date effective CURRENT SALARY AMOUNT OF INCREASE % INCREASE NEW SALARY This is current salary Dollar amount of new salary This is the DOLLAR amount This is the PERCENT DATE HIRED DATE OF PERFORMANCE EVAL LAST MEKIT INCKEASE & DATE The date of the last increase if applicable date you do the review 8. STATUS CHANGE **EFFECTIVE DATE:** This section ONLY needs to be filled out if there is a change in jobs, hours JOB TITLE **NEW JOB TITLE** WORK WEEK (HRS.) SALARY **EMPLOYMENT STATUS** Annual Pay Rate: ☐ NEW ☐ F.T □ NON-EXEMPT ☐ SALARY Pay Rate: ☐ RE-HIRE □ EXEMPT □ P.T. ☐ HOURLY Pay Rate: ☐ PRN ☐ CONTRACT (W-9) ☐ MONTHLY(Contract) 9. PROGRAM ALLOCATION CHANGE **EFFECTIVE DATE:** Allocated: % Program Change to % Hours per Week: Program Change to ___ Hours per Week: Allocated: Allocated: This section ONLY needs to be filled out if there is a change in the allocation to a program. Both the program that the percentage is taken from and the program that it is added to need to be listed. Allocated: Allocated: Allocated: Allocated: Allocated: % Program Change to Hours per Week: **10. APPROVALS** SUPERVISOR DATE Chief Executive Officer DATE REMARKS:

DATE ENTERED IN PAYROLL SYSTEM: _____