

# PAYROLL CHANGE FORM

**EMPLOYEE NAME:** \_\_\_\_\_

**EMPLOYEE NUMBER** \_\_\_\_\_

New Address: \_\_\_\_\_  
(if applicable)

New Phone Number: \_\_\_\_\_  
(if applicable)

<b>EMERGENCY CONTACT</b>	<b>NAME</b> _____	<b>PHONE:</b> _____
	<b>ADDRESS:</b> _____	

Effective Date: \_\_\_\_\_  
(changes must be effective the 1<sup>st</sup> day of a pay period)

Old Salary: \_\_\_\_\_  
(if applicable)

New Salary: \_\_\_\_\_  
(if applicable)

## Change Type:

name change  
(certificate attached)

merit increase\*\*  
(review attached)

address/phone # change

discontinue Colonial

promotion/salary increase\*\*

reclassification\*\*

discontinue United Way

transfer\*\*

extend probation\*\*

demotion\*\*

discontinue deferred comp

other

## Reason For Change:

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\_\_\_\_\_  
Employee Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
\*\*Department Head/Elected Official Signature\*\*

\_\_\_\_\_  
Date:

(Incomplete forms may result in processing delays)

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