

PAYROLL CHANGE AUTHORIZATION

EMPLOYEE: _____ POSITION: _____

EFFECTIVE DATE: _____

REQUEST FOR: (check applicable box(es) and indicate appropriate information)

Employment Hourly Rate*: _____ Average Daily Hours: _____
Beginning Time: _____ Ending Time: _____
Length of lunch period if not paid: _____
Salary Amount: \$ _____ Years Experience: _____
Contract Period From: _____ To: _____

Change of Position From: _____ To: _____

Change of Rate From: _____ To: _____

Leave of Absence From: _____ To: _____

Termination Resignation Other, explain on reverse side

Please complete the following section for terminations/resignations:

Attendance _____

Punctuality _____

Job Performance _____

Evaluation Comments _____

Areas of Concern _____

Would you re-employ? ___ yes ___ no Why? _____

State reason for recommendation:

Recommending Supervisor

Date

Finance Manager

Date

Executive Director

Date

COMMENTS:

*This section **MUST** be completed to comply with record keeping requirements of Wage and Hour Law.

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