

Payroll Change Form

Employee Name	
Effective Date	

Termination	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Last Day of Work	
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Status Change	From	To
<input type="checkbox"/> Job Title		
<input type="checkbox"/> Pay Rate*		
<input type="checkbox"/> Weekly Hours		
<input type="checkbox"/> Benefit Eligibility		

Employee Bonus/Stipend	\$:	% of pay:
Select One	<input type="checkbox"/> As Is / <input type="checkbox"/> Grossed up	<input type="checkbox"/> As Is / <input type="checkbox"/> Grossed up

Personal Information	To
Name (proof required)	
Address	
Home Phone	
Cell Phone	
Personal Email	
403b Contribution	Manage online at Retiresmart.com
Insurance Changes	Manage online at https://workforcenow.adp.com/
Direct Deposit/Banking	Manage online at https://workforcenow.adp.com/

Reason for changes and other changes or remarks not specified above:

*Enter rate change justification here

	Employee	Supervisor	Department Head
Signature			
Date			

For Administrative Use Only

Effective Check Date			
Last Check Date			
Enter Between		And	
Entered By		On	