

EMPLOYEE PAYROLL CHANGE NOTICE

Name: _____ Payroll No.: _____

Department: _____ Social Security No.: _____ - _____ - _____

Effective Date: _____

Change of:

- | | | |
|---|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Completion of Training |
| <input type="checkbox"/> Address | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Benefit Coverage |
| <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Military | <input type="checkbox"/> Authorized Deduction |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Educational | <input type="checkbox"/> Separation from Employment |
| <input type="checkbox"/> Wage Rate | <input type="checkbox"/> Jury Duty | |
| <input type="checkbox"/> Department | <input type="checkbox"/> Medical and/or Family Leave | |
| <input type="checkbox"/> Position | Purpose: _____ | |
| <input type="checkbox"/> Emergency Contact | _____ | |
| <input type="checkbox"/> Full-Time/Part-Time Status | _____ | |

FROM	TO

Manager approval: _____ Date: _____

Client approval: _____ Date: _____

APS approval: _____ Date: _____