

PAYROLL CHANGE FORM

DISTRICT NAME: _____

Employee Name: _____

Employee SSN: _____

Mailing Address: _____

City: _____

Zip: _____

Home Phone: _____

Effective Date of Change: _____

E-Mail Address: _____

Address Change Only (above new address)

Tax Status Change (Attach completed W-4 form,)

TERMINATION:

Resigned
 Retired

Deceased
 Terminated

Other

_____ Last Day Worked

JOB CHANGE:

Salary Adjustment
 Pay Rate

Assignment
 Status

Account Code
 Hours Per Day

_____ Other Change

Type of Change	Old Information	New Information

DEDUCTION CHANGES:

Deduction Name	Deduction Amount	ACTION	CAFETERIA
		ADD DELETE CHANGE	YES / NO
		ADD DELETE CHANGE	YES / NO
		ADD DELETE CHANGE	YES / NO

Remarks: _____

Signature Authorization (Superintendent/Principal/HR/Supervisor)

Date