**PAYROLL CHANGE FORM**

# EMPLOYEE NAME:

**EMPLOYEE NUMBER**

## New Address:

*(if applicable)*

## New Phone Number:

*(if applicable)*

## Effective Date:

**EMERGENCY CONTACT**

**NAME PHONE: ADDRESS:**

***(changes must be effective the 1st day of a pay period)***

## Old Salary:

*(if applicable)*

## New Salary:

*(if applicable)*

# Change Type:

name change merit increase\*\*

(certificate attached) (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:

Employee Signature: Date:

\*\*Department Head/Elected Official Signature\*\* Date:

(Incomplete forms may result in processing delays)