

Employee Payroll Change Form

Employee Information

Employee Name: _____ Social Security #: _____
Date: _____ Date Effective: _____

Employment Changes

New Hire: Job Title: _____
Rehire: Job Title: _____
Leave of Absence: Start Date: _____ Estimated Return Date: _____
Terminate: Effective Date: _____

Change	Old Information	New Information
Status	Status: _____	Status: _____
Promotion:	Title/Dept: _____	Title/Dept: _____
Salary:	Salary: _____	Salary: _____
Hourly Rate:	Hourly Rate: _____	Hourly Rate: _____
Garnishment:	Start Date: _____	End Date: _____
	Amount Per Pay Period: _____	
	Payable To: _____	
	Mail To: _____	

Other Changes:

Authorization of Changes

Approved By:

Signature:

Date:

Instructions:

1. Fill in form
2. Digitally sign and print copy for your records
3. Submit to your payroll department