



HR Use Only: _____

PAYROLL CHANGE REQUEST

Employee Name: _____ Employee ID #: _____ Effective Date: _____

For New Hires: Phone Number: _____ Email: _____

Current Status: Full-Time Part-Time Temporary Seasonal Vacant (Previous EE): _____

Reason for Change(s)

New Hire Reinstated Rehire Promotion Demotion Transfer Merit Increase

Reclassification of Existing Job Salary Adjustment

Other (Explain): _____

Current Information

New Information

Current Job Title		New Job Title	
Current Job Code		New Job Code	
Current Pay Grade		New Pay Grade	
		% Change	
Current Hourly Rate		New Hourly Rate	
Current Cost Center		New Cost Center	
Current Department		New Department	
Current Supervisor		New Supervisor	

Comments:

Approvals:

Supervisor: _____ Date: _____

Department Director: _____ Date: _____

Budget Approval: _____ Date: _____

City Administrator: _____ Date: _____

Human Resources: _____ Date: _____