

PAYROLL CHANGE NOTICE

DATE _____

NAME	DEPARTMENT	SHIFT	FILE NUMBER
EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER	PAYROLL CLASS	

NEW JOB DESCRIPTION

TITLE	DEPT.	SHIFT
GRADE	LOCATION	OTHER

IMMEDIATE JOB HISTORY

TITLE	DEPT.	SHIFT
GRADE	LOCATION	OTHER

PAST JOB HISTORY

TITLE	DEPT.	SHIFT
GRADE	LOCATION	OTHER

NEW JOB RATE

\$	PER HOUR
\$	PER MONTH
\$	PER YEAR

REASON FOR CHANGE

SIGNATURES

EMPLOYEE SIGNATURE	DATE	DEPARTMENT SUPERVISOR	DATE
SUPERVISOR SIGNATURE	DATE	PAYROLL DEPARTMENT	DATE