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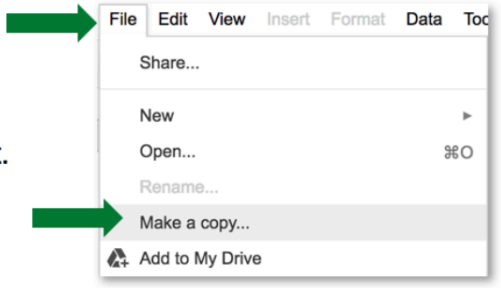

Payroll Change Form Template

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Employee Name		Date of Form	
Employee ID		Date Effective	
Position Title		Department	

Type of Request

	New Employment	Begin Date		End Date	
	Avg Daily Hours	Start Time		End Time	
	Length of Unpaid Breaks		Length of Paid Breaks		
	Hourly Rate		Salary Amt		
	Contract Position	Initial Rate		Revised Rate	
	Change of Position	Initial Rate		Revised Rate	
	Change of Rate	Initial Rate		Revised Rate	
	Leave of Absence	Initial Rate		Revised Rate	
	Termination (Complete Section Below)		Resignation (Complete Section Below)		Other
	If "Other," Explain				
	Attendance				
	Punctuality				
	Job Performance				
	Evaluation Comments				
	Areas of Concern				
	Is Re-Employment an Option?	Yes	No	Why ?	

Reason for Recommendation

Statement of Need	
Special Notes	

Authorization

Direct Supervisor		Date	
Finance Department		Date	
Executive Director		Date	

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