

PAYROLL CHANGE NOTICE FORM

Please fax to (850) 474-6448 ATTN: Payroll

Employee Name: _____ SSN: _____

Client Name/Location: _____

Hourly Rate/Salary Change: From: _____ To: _____ Eff. Date:* _____

- Hourly
 Salary Non-Exempt (may receive overtime)
 Salary Exempt (no overtime)
 Commission
 Piecework
 Seasonal
 Temporary

Job Title Change: From: _____ To: _____ Eff. Date:* _____

Dept. Change: From: _____ To: _____ Eff. Date:* _____

Part Time/Full Time Change:
 Part time to Full time
 Full time to Part time
 On Call/PRN (Active)
 On Call/PRN (Inactive)
 Average hours to be worked per week: _____ **Effective Date:*** _____

Reason(s) for Change

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Cost of Living Adjustment | <input type="checkbox"/> Layoff |
| <input type="checkbox"/> Probation Completed | <input type="checkbox"/> Length of Service Increase | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Re-evaluation of Job | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Increased Responsibilities | <input type="checkbox"/> Demotion | <input type="checkbox"/> Other |
| <input type="checkbox"/> Leave of Absence (Check One: <input type="checkbox"/> Medical <input type="checkbox"/> Maternity <input type="checkbox"/> Military <input type="checkbox"/> Educational, Other) | | |

Comments: _____

Please complete this section if applicable

Supervisor Change:
(responsible for managing this employee's hours)
 From: _____ To: _____ Eff. Date:* _____

Job Title & Code Change: From: _____ To: _____ Eff. Date:* _____
Pay Rate for this job: From: _____ To: _____ Eff. Date:* _____
Job/Project Percentage: From: _____ To: _____ Eff. Date:* _____

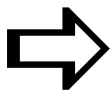
Job Title & Code Change: From: _____ To: _____ Eff. Date:* _____
Pay Rate for this job: From: _____ To: _____ Eff. Date:* _____
Job/Project Percentage: From: _____ To: _____ Eff. Date:* _____

Job Title & Code Change: From: _____ To: _____ Eff. Date:* _____
Pay Rate for this job: From: _____ To: _____ Eff. Date:* _____
Job/Project Percentage: From: _____ To: _____ Eff. Date:* _____

Change in Actual/Fixed? From: _____ To: _____ Eff. Date:* _____

Is there a change in employee's duties/job? If so, explain. _____

***IMPORTANT!** This is the date that the requested change(s) will be made in XactTime. We recommend that the effective dates be made after a pay period has ended and after payroll reports are run but before the new pay period begins. Please keep in mind that the date the change is made, all associated rules for that department, job payroll policy, etc. will apply.



Signature of Person Completing form: _____

Date: _____