

EMPLOYEE CHANGE FORM

FOR PAYROLL DEPT.	
Processed by	Date

ARC
 CCC
 LTC
 EFFECTIVE: **Immediately** Date: _____

REASON:
 Name/Add Change
 Sal/Vac/Pos/Dept
 Hire/Term
 Bank Info Change
 Deduction Change
 Other (describe in NOTES)

Name: Dept.: Empl.ID:

A. NAME/ADDRESS/TELEPHONE CHANGE

New Name: REASON:
 Married
 Divorced
 Other: _____

Old: New:

Tel.: () Cell: () Tel.: () Cell: ()

B. SAL/VAC/POSITION/DEPT.CHANGE

REASON:
 New Hire/New Position
 Termination
 Status Change (eg: PT to FT)
 Step/Vaca Incr
 Other (describe in NOTES below)

Position: _____ Code: Status: Hrlly Rate:

In-lieu%: _____ *Pay step:* _____ *Vac step:* _____

Termination Reason: _____ Last Day Worked: _____

FOR DEPT., STATUS, STEP OR VACA CHANGE: From: _____ To: _____

C. BANKING INFORMATION CHANGE

BANK NAME: _____ Institution #: Branch #: Account #:

D. NEW DEDUCTION or CHANGE(S)

Deduction:
 Start
 Stop
 Change from: \$ _____ /per ____
TO: \$ _____ /per ____

Deduction:
 Start
 Stop
 Change from: \$ _____ /per ____
TO: \$ _____ /per ____

Deduction:
 Start
 Stop
 Change from: \$ _____ /per ____
TO: \$ _____ /per ____

E. NOTES and/or MISCELLANEOUS CHANGES

X Employee Approval required for **Sections A, C and D (E if applicable)**

Signature: _____ Date: _____

X Manager or Delegate Approval required for **Section B (E if applicable)**

Signature: _____ Date: _____