

EMPLOYEE PAYROLL CHANGE NOTICE

Name: _____

Department: _____

Effective Date: _____

Change of:

___ Name

___ Position

___ Address

___ Emergency Contact

___ Telephone Number

___ Full /Time/Part-Time Status

___ Department

___ Marital Status

___ Wage Rate

From

To

Reason for Change: _____

Date: _____

Submitted by: _____

(Employee)

Date: _____

Submitted by: _____

(Supervisor)

Date: _____

Received by: _____

(Personnel/Payroll)