

ALEXANDER COUNTY PAYROLL CHANGE FORM

EMPLOYEE NAME: _____
 DEPT NAME: _____ EMPLOYEE #: _____
 EFFECTIVE DATE: _____ STATUS: _____
(FT / PTWB / PTNB / Temp)

HR USE ONLY
Received: _____
Initials: _____

NEW HIRE OR RE-HIRE	PROMOTION, DEMOTION OR TRANSFER
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Type of Action: _____
 Dept. Number: _____
 Job Title: _____
 Grade/Step: _____
 Annual Salary: _____
 Bi-weekly Salary: _____
 Hourly Rate: _____
 Pay Type: _____
(Hourly or Salary; Non-Exempt / Exempt)

Comments: _____

Type of Action: _____

FROM:	TO:
Dept. Name: _____	_____
Job Title: _____	_____
Grade/Step: _____	_____
Annual Salary: _____	_____
Bi-weekly Salary: _____	_____
Hourly Rate: _____	_____
Employment Status: _____	_____
<small>(FT / PTWB / PTNB / Temp)</small>	
Pay Type: _____	_____
<small>(Hourly or Salary; Non-Exempt / Exempt)</small>	
Comments: _____ _____ _____	

Documentation & Employee Signature Required

Attach Employee Information Sheet
Employee Signature Required

**I-9 Regulations Require Completed Paperwork
 Within 3 Days of Hire Date**

ALLOWANCE / DEDUCTION CHANGES ONLY

Name of Change: _____

Type: From _____ To _____

Amount: From _____ To _____

Effective Date: _____

Comments: _____

Employee Signature: _____

Dept Head Signature: _____

*HR Dir. Signature: _____

*County Manager: _____

Date: _____

Date: _____

Date: _____

Date: _____

* Required Signatures

EMPLOYEE NAME: _____ EMP #: _____ STATUS: _____

DEPT NAME: _____ EFFECTIVE DATE: _____

SEPARATION OF EMPLOYMENT

TYPE OF ACTION: _____
(INVOLUNTARY, VOLUNTARY, OTHER) *Documentation Required*

VOLUNTARY:	Without Notice:	With Notice:	# Work Days in Notice:
Education:	_____	_____	_____
Military Service:	_____	_____	_____
Other Employment:	_____	_____	_____
Personal:	_____	_____	_____
Other:	_____	_____	_____
Retirement:	_____	_____	_____
Retire with Medical Benefits?	Yes	<input checked="" type="checkbox"/>	No

INVOLUNTARY:

Personal Conduct:	_____	Other:	_____
Certification Expired:	_____	Reduction in Force:	_____
Failure to Report:	_____	Probationary Period:	_____
Work Performance:	_____	Violation of Policy:	_____

OTHER:

Elected Term Ended:	_____
Assignment Ended:	_____
Deceased:	_____

Is employee eligible for re-hire? Yes No
 Is employee eligible for payout of vacation leave? Yes No

PROBATIONARY PERIOD COMPLETE

Hire Date: _____ Completion Date: _____

Comments: _____

Amt of Sick Leave to Transfer (if any): _____

Complete Salary Increase Section (if applicable). Attach evaluation.

LONGEVITY PAY

Date of Hire: _____ Yrs of Employment: _____

% Amt. (1.5-4%): _____ Amt of Longevity: _____

SALARY INCREASE ONLY

	FROM:	TO:
Grade/Step:	_____	_____
Annual Salary:	_____	_____
Bi-weekly Salary:	_____	_____
Hourly Rate:	_____	_____
Pay Type:	_____	_____

(Hourly or Salary; Non-Exempt / Exempt)

REASON FOR INCREASE (Required):

(Merit Increase, COLA, Probation Complete, Reclassification, etc)

CHANGE IN CONTACT INFORMATION

Name Change: _____

Reason for Change: _____

Street Address: _____

City, Zip Code: _____

Phone Number: _____

Name of Carrier-cell: _____

****Updated DL & SS Card required for Name Change****

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

City, Zip Code: _____

Relationship: _____

Primary Phone #: _____

Secondary Phone #: _____