

ALEXANDER COUNTY PAYROLL CHANGE FORM

EMPLOYEE NAME: _____ EMPLOYEE # _____

DEPT NAME: _____ EFFECTIVE DATE: _____

JOB TITLE: _____ STATUS: _____

(FT / PTWB / PTNB / Temp)

HR USE ONLY
Received: _____
Initials: _____

New Hire

Re-Hire

Promotion

Demotion

Transfer

Reclass

HR USE ONLY

FROM:

TO / NEW:

Dept Name: _____

Dept. Number: _____

Dept Number: _____

Job Code: _____

Position Number: _____

Job Title: _____

EEO Function: _____

Grade/Step: _____

Shift Schedule: 8 12 24

Annual Salary: _____

Vacation Accrual Rate: _____

Bi-weekly Salary: _____

Accrual Date: _____

Hourly Rate: _____

Longevity Date: _____

Employment Status: _____

(FT / PTWB / PTNB / Temp)

Substance Screening Pool

Pay Type: _____

(Hourly / Salary; Non-Exempt / Exempt)

Comments: _____

Documentation & Employee Signature Required

Employee Signature: _____

Date: _____

Dept Head Signature: _____

Date: _____

*HR Dir. Signature: _____

Date: _____

*County Manager: _____

Date: _____

* Required Signatures

EMPLOYEE NAME: _____ EMP # _____ STATUS: _____

DEPT NAME: _____ EFFECTIVE DATE: _____ JOB TITLE: _____

SEPARATION OF EMPLOYMENT

TYPE OF ACTION: *Documentation Required*

INVOLUNTARY VOLUNTARY OTHER

VOLUNTARY: Without Notice: With Notice: # Work Days in Notice:

Education: _____

Military Service: _____

Other Employment: _____

Personal: _____

Other: _____

Retirement: _____

Retire with Medical Benefits? Yes 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: _____

Salary Increase: Yes No

Evaluation Received: Yes No

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

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

SALARY INCREASE ONLY

FROM: TO:

Grade/Step: _____

Annual Salary: _____

Bi-weekly Salary: _____

Hourly Rate: _____

Pay Type: _____

(Hourly / Salary; Non-Exempt / Exempt)

REASON FOR INCREASE (Required):

(Merit Increase, COLA, Probation Complete, etc)

CHANGE IN CONTACT INFORMATION

Name Change: _____

Reason for Change: _____

Street Address: _____

City, Zip Code: _____

Phone Number: _____

Name of Carrier: _____

Updated DL & SS Card required for Name Change

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

City, Zip Code: _____

Relationship: _____

Primary Phone #: _____

Secondary Phone #: _____