

CITY OF MARSHFIELD
PAYROLL CHANGE NOTICE

EFFECT _____
(Date & Time)

EMPLOYEE _____ Date of Birth _____

SOCIAL SECURITY NO _____ EMPLOYEE NO _____

EEO:

Category _____ Function _____ Race _____ Gender _____

THE CHANGE(S)

CHECK ALL APPLICABLE BOXES	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> PARAMEDIC PAY		
<input type="checkbox"/> MERIT PAY		
<input type="checkbox"/> RATE		
<input type="checkbox"/> TOTAL		

REASON FOR THE CHANGE(S)

- | | |
|---|--|
| <input type="checkbox"/> Anniversary Date
<input type="checkbox"/> Hired
<input type="checkbox"/> Re-Hired
<input type="checkbox"/> Promotion
<input type="checkbox"/> Demotion
<input type="checkbox"/> Transfer
<input type="checkbox"/> Merit Increase
<input type="checkbox"/> Union Scale
<input type="checkbox"/> Temporary Rate
<input type="checkbox"/> Leave of Absence From _____ Until _____
(Date) (Date) | <input type="checkbox"/> Begin Longevity
<input type="checkbox"/> Longevity Increase
<input type="checkbox"/> Probationary Period Completed
<input type="checkbox"/> Re-Evaluation of Existing Job
<input type="checkbox"/> Resignation
<input type="checkbox"/> Retirement
<input type="checkbox"/> Layoff
<input type="checkbox"/> Discharge
<input type="checkbox"/> Adjustment |
|---|--|
- Other (EXPLAIN) _____

Change Authorized By Department Head _____ Date _____

Approved By Personnel Office _____ Date _____

Change Entered By Finance Department _____ Date _____