

# ALEXANDER COUNTY PAYROLL CHANGE FORM

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

DEPT NAME: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ STATUS: \_\_\_\_\_

(FT / PTWB / PTNB / Temp / Seasonal)

<b>HR USE ONLY</b>
Received: _____
Initials: _____

New Hire	Re-Hire	Promotion	Demotion	Transfer	Reclass
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HR USE ONLY

FROM:

TO / NEW:

Dept Number: \_\_\_\_\_

Dept. Number: \_\_\_\_\_

Dept Name: \_\_\_\_\_

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 / Seasonal)

Substance Screening Pool

Pay Type: \_\_\_\_\_

(Hourly / Salary; Non-Exempt / Exempt)

Travel Allowance:    Yes      No      N/A

Monthly Amount: \_\_\_\_\_

Cell Phone Allowance:    Yes      No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**\*Documentation & Employee Signature Required\***

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dept Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HR Dir. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

County Manager: \_\_\_\_\_

Date: \_\_\_\_\_

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 #: \_\_\_\_\_