HUMAN RESOURCES PAYROLL ACTION FORM

ADD	**CHANGE**		**DROP**
Hire ☐	Salary Increase ☐	Career Ladder ☐	Resignation ☐
Re-hire ☐	Promotion ☐	Reclassification ☐	Retirement ☐
	Transfer ☐	Other:_____ ☐	Termination ☐

Effective Date of Change _____

Comments:_____

_____

_____

SSN: _____-____-_____ Position Title: _____ Dept/Div#: _____

Name: _____ Employee Number: _____ Pay Grade:_____

Home Address: _____ City: _____ State: ____

Zip Code: _____ Phone# :(_____)_____ E-mail Address: _____

Gender: _____ Marital Status: _____ Date of Birth: _____ Date of Hire: _____

Shift (FF):____ Scheduled Hours: _____ New Hourly Rate: _____ Current Hourly Rate: _____

Driver's License State: ____ Number: _____ Expiration Date: _____

Class / Type: _____

Emergency Contact Information: Name: _____ Relationship: _____

Phone# :(_____)_____Address: _____ City: _____

State: ____ Zip Code: _____

Employee:_____ Date: _____

Department Head: _____ Date: _____

Human Resources: _____ Date: _____

Finance Director: _____ Date: _____

City Manager: _____ Date: _____

REVISED - 7/26