

**PAYROLL RECORD/CHANGE FORM**

**EMPLOYEE NAME/NUMBER:** \_\_\_\_\_

New Address: \_\_\_\_\_  
(if applicable)

New Phone Number: \_\_\_\_\_  
(if applicable)

<b>EMERGENCY CONTACT</b>	<b>NAME</b> _____	<b>PHONE:</b> _____
	<b>ADDRESS:</b> _____	

Effective Date: \_\_\_\_\_  
(changes must be effective the 1<sup>st</sup> day of a pay period)

**Change Type:** (Circle)

Name Change (Certificate Attached)

Merit Increase

Address/Phone # Change

Add/Discontinue Health Insurance: \$ \_\_\_\_\_

Promotion/Salary Increase

PTO Increase

Add/Discontinue Retirement: \$ \_\_\_\_\_

Transfer

Extend Probation

Demotion

Advance Payback: \$ \_\_\_\_\_

Other: \_\_\_\_\_

Current Salary/Hourly Rate: \_\_\_\_\_  
(if applicable)

New Salary/Hourly Rate: \_\_\_\_\_  
(if applicable)

Current PTO Accrued: \_\_\_\_\_  
(if applicable) (Circle: Vacation / Sick / PTO)

New PTO Accrued: \_\_\_\_\_  
(if applicable) (Circle: Vacation / Sick / PTO)

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

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

\_\_\_\_\_  
Employer Signature

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

\_\_\_\_\_  
Debits n' Credits Representative Signature

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