



Employee Payroll Change Form

Today's Date: _____ Effective Date: _____

Employer: _____

Employee Name _____ Employee # _____

Address\Phone Change

New Address: _____ street _____ city _____ state _____ zip _____

New Phone: (____) _____

Job Rate / Position / Department Change

Pay Rate Change: From \$ _____ To \$ _____

Retroactive? Yes No If YES, to what date? _____ Retro Pay \$ _____

Rate Change is (circle one) Permanent Temporary

Current Position / Department _____ Change To: _____

Reason: _____

Deduction Change

Deduction Agency:

Vendor Name	Deduction Type	Effective Date	\$ Amount

Comments: _____

Authorized by: _____ Supervisor Acknowledged by: _____ Employee Date: _____

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For HR Department Use Only

Notified Unity HR: _____ Fax: (360) 715-0215 Change Request By: _____

Date Entered: _____ Entered By: _____

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