



PAYROLL ACTION FORM

Revised 2/2/2016

*Name: _____ Last 4 SSN or Emp #: _____

GENERAL

Residential Address

Mailing Address same as Residential

Street: _____

Street/PO: _____

City: _____

Street2: _____

State: _____ Zip: _____

City: _____

Tel: _____

State: _____ Zip: _____

DOB: _____ Sex: Male Female

Marital Status: _____

REASON FOR CHANGE

*Reason for Change:

*Effective Date: _____

Termination Reason:

End Date: _____

Leave Reason:

Leave Paid: Yes No

JOB SPECIFICS

FTE%:

Job Title:

Grade:

Step:

Location:

Department:

Contract:

Std hours per week:

Exempt:

Yes

No

PAYROLL

Work Time:

Retire Date:

Retirement:

Rate%:

Xtra 2%:

Yes

No

Over 70:

Yes

No

MTRS Summer Pay in Lump Sum in June: Yes No

Contract Term:

NOTE: Contact the Payroll/HR Benefits Specialist if you have questions.

PAYROLL ACCOUNTS & RATES

GL Acct #: _____ Payroll Acct #: _____ Cat: _____ Rate: _____ Per: _____

GL Acct #: _____ Payroll Acct #: _____ Cat: _____ Rate: _____ Per: _____

GL Acct #: _____ Payroll Acct #: _____ Cat: _____ Rate: _____ Per: _____

Shift Differential 2 Description: _____ Rate2: _____ Per: _____

Shift Differential 3 Description: _____ Rate3: _____ Per: _____

COMMENTS

SIGNATURES

Department Head Signature: _____ Date: _____

Finance Director Signature: _____ Date: _____

Town Manager Signature: _____ Date: _____

IMPORTANT: Forms delivered to the Finance Director by Tuesday will be included in the current Payroll Cycle.