



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.