

EMPLOYEE MASTER PAYROLL SHEET

REV 03/14

<input type="checkbox"/>	NEW EMPLOYEE ←	NAME OF DEPARTMENT					DEPARTMENT #	
<input type="checkbox"/>	NAME OR ADDRESS CHANGE ←	NAME OF EMPLOYEE					EMPLOYEE #	
<input type="checkbox"/>	RATE CHANGE ←	EFFECTIVE DATE	GENDER	ORG. & OBJ #				
<input type="checkbox"/>	REGULAR ORG/OBJ CHANGE ←	PAYPERIOD BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	SICK TIME TO ACCRUE YES <input type="checkbox"/> NO <input type="checkbox"/>		SICK TIME ACCRUAL RATE			
<input type="checkbox"/>	TRANSFER DEPT ←	TRANSFER LOCATION FROM	TRANSFER LOCATION TO	BARGAINING UNIT	GRADE	STEP	JOB CLASS	
<input type="checkbox"/>	TERMINATE ←	NAME OF EMPLOYEE FIRST M.I. LAST						
<input type="checkbox"/>	OTHER							
TAX INFORMATION								
MARITAL STATUS		ADDRESS: NUMBER & STREET NAME (APARTMENT # IF APPLICABLE)						
M <input type="checkbox"/> S <input type="checkbox"/>								
# FED EXEMPT		EXTRA FED TAX \$	ADDITIONAL ADDRESS					
# STATE EXEMPT		EXTRA STATE TAX \$	CITY (PLEASE ABBREVIATE IF NEEDED)	STATE	ZIP CODE +4			
SOCIAL SECURITY NUMBER			TITLE					
		-	-					
HOURLY RATE		RATE OF COMPENSATION BIWKLY <input type="checkbox"/> ANNUAL <input type="checkbox"/>		DATE OF BIRTH		RECURRING EARNINGS	Y/N	
\$		\$				100 REGULAR		
Actual Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/>				MANDATORY DEDUCTIONS		200 OVERTIME		
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>				OBRA 7.5%	Y/N	301 POL/FIRE HOLIDAY		
ADDITIONAL COMMENTS/INFORMATION/EXPLANATION OF RATES:				MEDICARE	Y/N	302 HOLIDAY		
				MUNICIPAL RETIREMENT	%	400 VACATION		
				TEACHER RETIREMENT	%	500 SICK		
				OTHER/ADD'L RETIRE		505 PERSONAL		
						450 COMP EARNED		
						451 COMP USED		
						631 SHIFT DIFFERENTIAL		
						633 ADDL BASE \$20 (FOR 10 YRS)		
						634 ADDL BASE HOURLY		

INITIATING DEPT INITIALS & DATE

AUDITING DEPT. INITIALS & DATE

TREASURER'S OFFICE INITIALS & DATE