EMPLOYEE MASTER PAYROLL SHEET

REV 09/05

NEW EMPLOYEE ⇦	NAME OF DEPARTMENT		DEPARTMENT #
NAME OR ADDRESS CHANGE ⇦	NAME OF EMPLOYEE		EMPLOYEE #
RATE CHANGE ⇦	EFFECTIVE DATE	GENDER	ORG. & OBJ # -
ORG/OBJ CHANGE ⇦	PAYPERIOD BIWEEKLY 21 PP ☐ BIWEEKLY 26 PP ☐ MONTHLY ☐	SICK TIME TO ACCRUE YES ☐ NO ☐	SICK TIME ACCRUAL .
TRANSFER DEPT ⇦	TRANS FROM DEPT.	TRANS TO DEPT.	BARGAINING UNIT / GRADE / STEP / JOB CLASS
TERMINATE ⇦	NAME OF EMPLOYEE FIRST	M.I.	LAST
OTHER			
TAX INFORMATION			
MARITAL STATUS M ☐ S ☐	ADDRESS: NUMBER & STREET NAME		(APARTMENT # IF APPLICABLE)
# 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 BI-WKLY ☐ ANNUAL ☐	DATE OF BIRTH	RECURRING EARNINGS	Y/N	# OF HOURS
$.	.	M M D D Y Y	100 REGULAR		
Actual Marital Status: Married ☐ Single ☐		MANDATORY DEDUCTIONS	110 PROFESSIONL		
Full-time ☐ Part-time ☐		DEFERRED COMP 7.5% Y/N0	301 POL/FIRE HOLIDAY		
ADDITIONAL COMMENTS/INFORMATION:		MEDICARE Y/N	302 HOLIDAY		
		MUNICIPAL RETIREMENT %	400 VACATION		
		TEACHER RETIREMENT %	500 SICK		
		OTHER/ADD'L RETIRE	505 PERSONAL		

PLEASE PRINT NEATLY!!

ANY CHANGE SHEET NOT PROPERLY COMPLETED WILL BE RETURNED TO THE DEPARTMENT. THIS MAY RESULT IN NON-PAYMENT OR CHANGES NOT PROCESSED ON TIME

INITIATING DEPT INITIALS & DATE ☐ AUDITING DEPT. INITIALS & DATE ☐ TREASURER'S OFFICE INITIALS & DATE ☐