

PAYROLL CHANGE REQUEST

Employee Name:		Red ID #:	
Department Name:		mployee No:	Date:
A WAGE INCREAS	E DECRE	ASE Evaluatio	n Form or explanation must be attached
Effective Date (must be first day of pay	/ period):		_ Retro:
Current Rate:	Current Range: _		Step:
New Rate:	_ New Range:		Step:
Date of last raise:			
All affected locators:			
B CLASSIFICATION C	HANGE		
Effective Date	Check One:	☐ RECLASS	☐ TRANSFER ☐ PROMOTION
Current Job Title:			
Current Rate:	Current Range: _		Step:
New Rate:	_ New Range:		Step:
All affected locators:			
C HOME DEPARTM	IENT CHANGE	LOCA	TOR ADDITION
Effective Date			
Current Home Locator:		New Home Loca	tor::
Additional Locator Codes:			_ Pay Rate:
			_ Pay Rate:
Job Assignment:			
Approval Signatures			
Supervisor	 Date	Manager	Date