

# PAYROLL CHANGES

Please complete the following information to make any payroll changes and submit the completed form to the payroll office by the payroll cutoff dates. Payroll changes will only be made if the change is submitted in writing.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee  
ID  
Number: \_\_\_\_\_

Payroll  
Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Required  
Signature: \_\_\_\_\_

Change  
Effective: \_\_\_\_\_

*(Payroll office only)*