

PAYROLL CHANGE NOTICE

Parish/School Name _____ Location Code _____

Employee Name (Last, First, Middle)

Payroll File Number

New Address

City:

State:

Zip:

Phone:

Check All Changes That Apply

From

To

	Department		
	Pay Rate***		
	W-4		
	Address Change		
	Addition Pay***		
	Employee needs computer access/password	Yes	No

Reason For the Change(s)

Rehire _____

Promotion _____

Termination* _____

Voluntary* _____

Merit Increase*** _____

Leave of Absence _____

Resignation* _____

Involuntary * _____

Other

Effective Date _____

Required Signature

***Pastor/Administrator Signature _____

Date _____