Payroll Change Form

Employee Name_____

CHANGE IN PAY

Effective Date (**1st day of pay period**):_____

Current Pay Rate $ _____ per _____

New Pay Rate $_____ per _____

Reason for change _____
(merit increase, promotion, demotion, probation, termination, etc)

BONUS REQUEST

Reason:_____

Amount $_____

Effective Pay Date(s): _____

Check one: ☐ One Time ☐ Recurring (if recurring please indicate an end date)

Ending Pay Date: _____

Manager Name _____

Manager Signature _____ Date _____

Director Name _____

Director Signature _____ Date_____