

SCHOOL YEAR 2019-2020

Payroll Change Form – Date \_\_\_\_\_

Employee: \_\_\_\_\_ Empl. ID# \_\_\_\_\_ SS# \_\_\_\_\_

Position: \_\_\_\_\_ Pay Step: \_\_\_\_\_

<b>SALARY INFORMATION:</b> Base Salary: _____ Above Base: _____ Masters/Related Field: _____ Stipends: _____ _____ # of Days: _____ Total Salary: _____ Daily Rate: _____ Monthly Rate: _____ Fund Code(s): _____ _____	<b>NEW HIRE INFORMATION:</b> Replaced: _____ Job Title: _____ _____ Yrs. State Exp.    Basic Contract Days    Degree Start Date: _____ Fund Code(s): _____ _____
<b>RE-ASSIGN/TRANSFER STAFF:</b> FROM Job Title: _____ Replacing: _____ Effective Date: _____ Salary Adj. Yes _____ No _____ Salary Adj. # _____	TO Job Title: _____ Campus: _____ Reason: _____ Fund Code(S): _____ _____
<b>SALARY ADJUSTMENT/STIPENDS</b> One-Time Pay: \$ _____ Extra-Duty Pay: \$ _____ # Pays: _____ @ \$ _____ Effective Date: _____ Reason: _____ Fund Code(s): _____ _____	<b>Non Professional Personnel Work Schedule</b> Arrival Time: _____ Departure Time: _____
<b>Comments:</b>        	<b>Comments:</b>        

	SIGNATURE/DATE
Superintendent	
Assistant Superintendent	
Business Manager	
Principal	
Director	
Employee	