

PAYROLL CHANGE FORM

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

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

Department:   Instruction                      Monastery                      Facilities  
                  Administration                    Security                        Transportation

Type of Change:   New Salary \_\_\_\_\_

                          New Address \_\_\_\_\_

                          \_\_\_\_\_

                  Benefit    Medical \_\_\_\_\_

                                  Dental \_\_\_\_\_

                                  Vision \_\_\_\_\_

                                  403B \_\_\_\_\_

                                  HSA \_\_\_\_\_

                  Term

                  Direct Deposit (Please attach a voided check)

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Head of Department: \_\_\_\_\_

CFO: \_\_\_\_\_