

**CITY OF HICKORY
PAYROLL CHANGE NOTICE**

Employee Name: _____

Department/Division: _____

Date Change Effective: _____

A. Action To Be Taken:

Enter on Payroll
 Change Current Status
 Remove From Payroll
 Last day paid: _____

B. New Hire or Status Before Change:

Department/Division:		Position Title:
Status	Payroll	Pay Frequency
<input type="checkbox"/> Full Time	Pay Grade:	<input type="checkbox"/> Weekly
<input type="checkbox"/> Part Time	Annual Salary:	<input type="checkbox"/> Semi-Monthly
	Hourly Salary:	

Status After Change:

Department/Division:		Position Title:
Status	Payroll	Pay Frequency
<input type="checkbox"/> Full Time	Pay Grade:	<input type="checkbox"/> Weekly
<input type="checkbox"/> Part Time	Annual Salary:	<input type="checkbox"/> Semi-Monthly
	Hourly Salary:	

C. Reason for Change:

Reason for Remove from Payroll:

Resigned/Quit
 Retired
 Terminated

Vacation Hours to be Paid: _____
 Comp Time Hours to be Paid: _____
 Sick Leave Balance: _____

Reason for Change (Other than New Hire or Remove from Payroll)

Promotion
 Change of Scheduled Hours
 Demotion
 Lateral Transfer
 Other: _____

Department must contact the IT Help Desk for new employee technology requirements (phone and email, etc.) and when employee leaves employment (passwords, email, return of items)

Completed Not Applicable

Finance Pre-Audit	Department Head	Date
	Human Resources	Date
Transferring Department	Date	City Manager
Supervisor	Date	Date