

**CITY OF HICKORY
PAYROLL CHANGE NOTICE**

Employee Name: _____

Effective Date (must be beginning of a pay period): _____

Department/Division: _____

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	
Full Time	Pay Grade:	Weekly	
Part Time	Annual Salary:	Bi-Weekly	
	Hourly Salary:		

Status After Change:

Department/Division:		Position Title:	
Status	Payroll	Pay Frequency	
Full Time	Pay Grade:	Weekly	
Part Time	Annual Salary:	Bi-Weekly	
	Hourly Salary:		

C. Reason for Change:

Reason for Remove from Payroll:

_____ Resigned/Quit

_____ Retired

_____ Terminated

Employee Worked Full Notice Per Personnel Policy

Yes _____ No _____

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

Transferring Department	Department Head
Supervisor	Human Resources
	City Manager