



HR | Payroll | Benefits | Insurance

Client ID _____

Payroll Action Change

Employee Name: _____

* Please note the employee ID is required for security purposes

Employee ID: _____ Effective Date of Change: _____

Status Changes: Merit Adjustment Promotion

Employee Type	Pay Method	Pay Frequency	Pay Rate	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Standard Rate	Rate ____ Per ____
<input type="checkbox"/> Part Time P/T	<input type="checkbox"/> Salaried Non-Exempt	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Training Pay	Rate ____ Per ____
<input type="checkbox"/> Temp P/T	<input type="checkbox"/> Salaried Exempt	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Shift Pay	Rate ____ Per ____
<input type="checkbox"/> Temp F/T	<input type="checkbox"/> Commissions	<input type="checkbox"/> Monthly	<input type="checkbox"/> Piece Work	Rate ____ Per ____
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Fluctuating Work Week		<input type="checkbox"/> Tipped Employee	Rate ____ Per ____
<input type="checkbox"/> P/T Seasonal	<input type="checkbox"/> Union Worker		<input type="checkbox"/> Default Hours	Rate ____ Per ____

<input type="checkbox"/> Location:
<input type="checkbox"/> Work State
<input type="checkbox"/> Primary Dept:
<input type="checkbox"/> Secondary Dept:
<input type="checkbox"/> Division:
<input type="checkbox"/> Project Code:
<input type="checkbox"/> Pay Group:
<input type="checkbox"/> Job Title/Job Code:
<input type="checkbox"/> Work Comp Code:
<input type="checkbox"/> Employee Number
<input type="checkbox"/> Home Client ID
<input type="checkbox"/> Clock Number
<input type="checkbox"/> Benefit Class:
<input type="checkbox"/> PTO Plan:
<input type="checkbox"/> Union Number
<input type="checkbox"/> Work Email Address
<input type="checkbox"/> Supervisor



HR | Payroll | Benefits | Insurance

Comments (Items in this area are not considered action items and will not be changed)

Authorized By (please print): _____

Authorized Signature: _____ Date: _____