

TOWN OF WAYLAND PAYROLL CHANGE AUTHORIZATION

Effective Date

NAME (Last)	(First)	(Middle)	DEPARTMENT
POSITION TITLE		COMPENSATION GRADE	PRESENT RATE OF PAY \$ _____ per _____
EMPLOYMENT DATE	Employee ID		Soc. Security # _____

(Complete Below for Employment or Termination or Correction)

HOME ADDRESS (No. Street)	(City)	(State)	Zip	<input type="checkbox"/> Change
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EMPLOY/
TRANSFER

<input type="checkbox"/> New Employee	<input type="checkbox"/> Rehire	<input type="checkbox"/> Transfer	<input type="checkbox"/> Permanent full-time	<input type="checkbox"/> Permanent part-time
Former (if transfer) Dept.			<input type="checkbox"/> Temporary full-time (Provisional)	<input type="checkbox"/> Temporary part-time (Seasonal)

RATE
CHANGE

NEW POSITION TITLE (if Changed)	COMPENSATION GRADE	New Rate of Pay \$ _____ per _____
Nature of this Rate Change (Check One)		
<input type="checkbox"/> INITIAL REVIEW	<input type="checkbox"/> ANNUAL MERIT STEP INCREASE	<input type="checkbox"/> RECLASSIFICATION
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> DEMOTION	<input type="checkbox"/> OTHER (Specify)

LEAVE

TYPE OF LEAVE	REASON
<input type="checkbox"/> SICK LEAVE <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> DISABILITY (Basic WC) <input type="checkbox"/> DISABILITY (C41 5.111F)	<input type="checkbox"/> Jury Duty <input type="checkbox"/> Paternity <input type="checkbox"/> Suspension
FROM (1st day) _____ THROUGH (Last day) _____	<input type="checkbox"/> Maternity <input type="checkbox"/> Military <input type="checkbox"/> Health
<input type="checkbox"/> FULL PAY <input type="checkbox"/> PARTIAL PAY	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> W/OUT PAY \$ _____ per _____	

TERMINATION

NATURE OF TERMINATION	REASON	Would You Rehire?
<input type="checkbox"/> Resignation <input type="checkbox"/> Laid-Off <input type="checkbox"/> Deceased		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Released <input type="checkbox"/> Retired		Retirement Taken?
Last Day Worked _____ Termination Date _____	VACATION PAY	<input type="checkbox"/> Yes <input type="checkbox"/> No
	SEVERANCE PAY	Mail Check to Home?
	DAYS	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DAYS %	

REMARKS

APPROVALS

RECOMMENDED BY	APPROVED BY	PROCESSED BY
DEPT. HEAD DATE	PERSONNEL BOARD/DEPT. DATE	PAYROLL DEPT. DATE

FUNDING
SOURCE

<input type="checkbox"/> AVAILABLE BUDGET FUNDS	<input type="checkbox"/> PERSONNEL BOARD ADJUSTMENT FUND	<input type="checkbox"/> TRANSFER FROM RESERVE FUND
<input type="checkbox"/> OTHER (Specify)		AMOUNT OF ADJUSTMENT (Through June 30)

ACCOUNT NUMBER(S):

1st COPY PAYROLL (White) 2nd COPY ACCOUNTING (Yellow) 3rd COPY DEPARTMENT FILE COPY (Pink)