

TOWN OF WAYLAND PAYROLL CHANGE AUTHORIZATION

Effective Date

EMPLOY/
TRANSFER

RATE
CHANGE

LEAVE

TERMINATION

REMARKS

APPROVALS

FUNDING
SOURCE

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											
<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)					
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)							
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"/> FULL PAY <input type="checkbox"/> PARTIAL PAY		<input type="checkbox"/> Maternity <input type="checkbox"/> Military <input type="checkbox"/> Health					
				<input type="checkbox"/> W/OUT PAY \$ per		<input type="checkbox"/> Other (Specify)					
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		SEVERANCE PAY		Mail Check to Home?			
				DAYS		DAYS %		<input type="checkbox"/> Yes <input type="checkbox"/> No			
RECOMMENDED BY				APPROVED BY				PROCESSED BY			
DEPT. HEAD				PERSONNEL BOARD/DEPT.				PAYROLL DEPT.			
DATE				DATE				DATE			
<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)