

WOODBRIIDGE MANAGEMENT & EDUCATION SERVICES (WMES)

EMPLOYEE PAYROLL CHANGE NOTICE

Name: _____

Effective Date: _____

School: _____

Change of:

- | | | |
|-----------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Name | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Completion of Training |
| <input type="checkbox"/> Address | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Benefit Coverage |
| <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Military Leave | <input type="checkbox"/> Authorized Deduction |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Educational | <input type="checkbox"/> Separation from Employment |
| <input type="checkbox"/> Wage Rate | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> 401-K Change |
| <input type="checkbox"/> Department | <input type="checkbox"/> Medical and/or Family Leave | <input type="checkbox"/> Other |
| <input type="checkbox"/> Position | Purpose: _____ | |
| <input type="checkbox"/> Emergency Contact | _____ | _____ |
| <input type="checkbox"/> Full-Time/Part-Time Status | _____ | _____ |

FROM	TO

Date: _____

Submitted by: _____

(Employee or Supervisor)

Date: _____

Received by: _____

(Personnel/Payroll)