



# Payroll Revision

**Changes requested (please check all that apply):**

Salary      Position      Work Schedule      Payroll Allocation      Other: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Request Date: \_\_\_\_\_      Effective Date for Changes: \_\_\_\_\_

**Change of Salary:**

Current Salary: \$ \_\_\_\_\_      Hourly      Annually  
Revised Salary: \$ \_\_\_\_\_      Hourly      Annually  
Reason for change: \_\_\_\_\_  
\_\_\_\_\_

**Change of Position:**

Current Position: \_\_\_\_\_  
New Position: \_\_\_\_\_  
Primary Location:      Commercial St      Hancock St      Holmes St  
                                         South St      BI      Other: \_\_\_\_\_

Reason for change: \_\_\_\_\_  
\_\_\_\_\_

**Change of Work Schedule:**

Day	Current Hrs	New Hrs
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Current Weekly Total: \_\_\_\_\_  
New Weekly Total: \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Change In Payroll Allocation:**

Current Allocation: \_\_\_\_\_      New Allocation: \_\_\_\_\_  
Reason for change: \_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dept. Approval: \_\_\_\_\_      Admin. Approval: \_\_\_\_\_