south cove
community health center
華人醫務中心

# 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: Washington St Commercial St Hancock St Holmes St

South St BI Harrison Ave 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: _____

Revised 07/24/2026