## **CARROLL COUNTY PAYROLL CHANGE NOTICE**

Employee Name (Print):  Account Number:  THE CHANGE(S) - Check all applicable boxes TYPE  TYPE	Please enter the following change(s) in your records to be effective:						
THE CHANGE(S) - Check all applicable boxes TYPE  TYPE	Employee Name (P	rint):					
TYPE	Account Number: _						
TYPE							
DEPARTMENT NAME   JOB TITLE   SALARY BI-WEEKLY RATE   HOURLY RATE   HOURLY RATE   FULL TIME   PART TIME   PRATTIME   PRODUCT   Probationary Period Completed   Probationary Period Completed   Promotion   Promo		1		YPE			
JOB TITLE   SALARY BI-WEEKLY RATE   HOURLY RATE   HOURLY RATE   FULL TIME   PART TIME   PRILL TIME   PART TIME   PRILL TIME   PART TIME   PRILL TI	ТҮРЕ		FROM		ТО		
SALARY BI-WEEKLY RATE	☐ DEPARTMENT	NAME					
HOURLY RATE   FULL TIME   PART TIME   PART TIME   PART TIME   PART TIME   PROBATION:	☐ JOB TITLE						
REASON FOR THE CHANGE(S) - Include date on the line   Hired	☐ SALARY BI-WEEKLY RATE						
REASON FOR THE CHANGE(S) - Include date on the line   Hired	☐ HOURLY RATE						
Hired   Re-hired   Probationary Period Completed   Resignation   Retirement   Discharge   Promotion   Promotic   Pr	☐ FULL TIME ☐ PART TIME						
Hired   Re-hired   Probationary Period Completed   Resignation   Retirement   Discharge   Promotion   Promotic   Pr							
30 or more hours weekly   29 and under hours weekly   Seasonal (less than 180 days)   Temporary (less than 120 days)   Elected Official   Board Member    ADMINSTRATIVE ACTION:  Change approved by:	☐ Transfer ☐ Merit Increase ☐ Leave of Absence fro ☐ Estimated Return Da ☐ Other	om ate from Leave		 until		FMLA (check if yes) 🗆	
Temporary (less than 120 days)   Elected Official   Board Member							
Change approved by:		•	•				
PAYROLL USE ONLY  Unemployment Code		y:	ing Authority or	Designee)	Date	:	
□ Unemployment Code       □ EEO Job Category       □ EEO-4 Job Category         □ Alternate Rate       □ Pension Member ID       □ Federal       □ Medicare       □ FICA (Pollworkers/Health Board         □ Sick       □ Vac       □ Vac bump       □ Comp       □ State       □ OPERS         □ Pay code override       □ fa       □ fb       □ School District       □ HSA       □ HSA acct #	County Commissioner:				Date:		
□ Alternate Rate       □ Pension Member ID       □ Federal       □ Medicare       □ FICA (Pollworkers/Health Board Pollworkers/Health Pollwor			PAYR	OLL USE ONLY			
□ Sick □ Vac □ Vac bump □ Comp     □ State □ OPERS □ City □ City □ Direct Deposit □ Insurance     □ HSA □ HSA acct # □ City	☐ Unemployment Co	ode	_	Category	🗆 EEO-4 Jo	b Category	
□ Pay code override       □ fa       □ fb       □ School District       □ City       □ City       □ HSA acct #			· · · · · · · · · · · · · · · · · · ·				
☐ Direct Deposit ☐ Insurance ☐ HSA ☐ HSA acct #			_   Comp				
	•						
1   1   MET   N. MARINE	☐ OPERS online		<b>□ SSA 1945</b>				