

## CARROLL COUNTY PAYROLL CHANGE NOTICE

Please enter the following change(s) in your records to be effective: \_\_\_\_\_

Employee Name (Print): \_\_\_\_\_

Account Number: \_\_\_\_\_

<b>THE CHANGE(S) – Check all applicable boxes TYPE</b>		
TYPE	FROM	TO
<input type="checkbox"/> DEPARTMENT NAME		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> SALARY BI-WEEKLY RATE		
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		

**REASON FOR THE CHANGE(S) - Include date on the line**

- Hired    Re-hired \_\_\_\_\_       Probationary Period Completed \_\_\_\_\_
- Resignation    Retirement    Discharge \_\_\_\_\_       Promotion \_\_\_\_\_
- Transfer \_\_\_\_\_
- Merit Increase \_\_\_\_\_
- Leave of Absence from \_\_\_\_\_ until \_\_\_\_\_      FMLA (check if yes)
- Estimated Return Date from Leave \_\_\_\_\_
- Other \_\_\_\_\_

**Employment Status: I the employer certify that the above-mentioned employee's status will be: (choose from one)**

- 30 or more hours weekly
- 29 and under hours weekly
- Seasonal (less than 180 days)
- Temporary (less than 120 days)
- Elected Official
- Board Member

**ADMINISTRATIVE ACTION:**

Change approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Appointing Authority or Designee)

County Commissioner: \_\_\_\_\_ Date: \_\_\_\_\_

PAYROLL USE ONLY						
<input type="checkbox"/> Unemployment Code _____	<input type="checkbox"/> EEO Job Category _____	<input type="checkbox"/> EEO-4 Job Category _____				
<input type="checkbox"/> Alternate Rate	<input type="checkbox"/> Pension Member ID _____	<input type="checkbox"/> Federal	<input type="checkbox"/> Medicare	<input type="checkbox"/> FICA (Pollworkers/Health Board)		
<input type="checkbox"/> Sick <input type="checkbox"/> Vac _____	<input type="checkbox"/> Vac bump _____	<input type="checkbox"/> Comp	<input type="checkbox"/> State	<input type="checkbox"/> OPERS _____		
<input type="checkbox"/> Pay code override	<input type="checkbox"/> fa <input type="checkbox"/> fb	<input type="checkbox"/> School District _____	<input type="checkbox"/> City _____			
<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Insurance	<input type="checkbox"/> HSA	<input type="checkbox"/> HSA acct # _____			
<input type="checkbox"/> OPERS online	<input type="checkbox"/> Ohio New Hire	<input type="checkbox"/> SSA 1945	<input type="checkbox"/> OPERS sheet	<input type="checkbox"/> Card	<input type="checkbox"/> File	