

# PAYROLL CHANGE NOTICE

DATE OF CHANGE <b>1-5-24</b>	EMPLOYEE #	SOCIAL SECURITY NO
NAME <b>Brandon Anderson</b>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <b>Fire</b>
		SHIFT

## THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<b>\$17.0/hr.</b>	<b>\$17.31/hr.</b>
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

## THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) <b>Longevity Pay</b>	

## AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER <b>Jamie E. Davis</b>	DATE <b>1.9.24</b>



Rev 3/16 Re-order Form #08320 ©copyright 2022 Amsterdam Printing, Amsterdam, N.Y. 12010  
Toll Free 1-866-466-1438 or online [www.amsterdamforms.com](http://www.amsterdamforms.com)

**Amsterdam**

# PAYROLL CHANGE NOTICE

DATE OF CHANGE <b>7-22-24</b>	EMPLOYEE #	SOCIAL SECURITY NO	
NAME <b>Nicholas Proulx</b>		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <b>Fire</b>	SHIFT

## THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<b>\$14.02/hr.</b>	<b>\$14.32/hr.</b>
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER		
<input type="checkbox"/> OTHER		

## THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) <b>Longevity Pay</b>	

## AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER <b>Janice E. Rowe</b>	DATE <b>9-9-24</b>



Rev 3/16 Re-order Form #08320 ©copyright 2022 Amsterdam Printing, Amsterdam, N.Y. 12010  
Toll Free 1-866-466-1438 or online [www.amsterdamforms.com](http://www.amsterdamforms.com)

**Amsterdam**