

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO
NAME Ronnie Vanney	ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W. / Utilities
		SHIFT Director

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		*\$40,170 - out of Each Dept.!
☐ JOB		
☐ SHIFT		
☒ RATE	\$78,000	\$80,340
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN	Salary	Salary
☐ OTHER		
☐ OTHER		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/H 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Caitlin Bourgeois		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Council	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	\$19.15	\$ 20.11
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Caitlin Bourgeois	DATE 9-13-24
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Phillip "Doug" Seal		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Council	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	\$ 8.65	\$ 8.65
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Jane	DATE 9.13.24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Jeffrey Reed		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Council	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	\$8.08	\$8.08
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Gamil Fane	DATE 9/13/24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9/16/24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Gary Knoblock		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Council	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	\$8.08	\$8.08
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>FLY 24-25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER <u>Jamie Zare</u>	DATE <u>9.13.24</u>



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Eugene Hoffman		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Council	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	\$ 8.08	\$ 8.08
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Rane	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Joshua Desalvo		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Council	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	\$8.08	\$8.08
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jennie Zanz	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO	
NAME Kyle Lewis	ADDRESS		
PHONE	CITY/STATE/ZIP	DEPARTMENT Council	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	\$8.08	\$8.08
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Zarl	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME Linda Garcia		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Util. Admin. SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities #1 Admin	Utilities #1 Admin
☐ JOB	@ 22.43	@ 24.67
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Linda Garcia	DATE 9-23-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Garnie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Elana Jenkins		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Util. Admin. SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities Admin	Utilities Admin
☐ JOB	#2 @ \$16.50	#3 @ \$16.87
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Elana Jenkins	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER James Law	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9-16-24</u>	EMPLOYEE #	SOCIAL SECURITY NO 	
NAME <u>Brent Garriga</u>		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Parks & Rec.</u>	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	<u>\$ 55,000.00</u>	<u>\$ 56,650.00</u>
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>Fly 24-25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE <u>[Signature]</u>	DATE <u>9-25-24</u>
SUPERVISOR SIGNATURE <u>[Signature]</u>	DATE <u>9-16-24</u>
HUMAN RESOURCES MANAGER <u>Gemie Dand</u>	DATE <u>9.13.24</u>



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO	
NAME Luke Bates		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Parks & Rec	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	\$15.00	\$16.00
☐ JOB	PW # 25	Parks & Rec
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>F/y24-25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE 	DATE 9/25/24
SUPERVISOR SIGNATURE 	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Raze	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9-16-24</u>	EMPLOYEE #	SOCIAL SECURITY NO
NAME <u>Archie Thomas</u>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Parks & Rec</u>
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	<u>\$17.60</u>	<u>\$18.13</u>
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>F/y 24-25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE <u>Archie Thomas</u>	DATE <u>9-25-24</u>
SUPERVISOR SIGNATURE <u>[Signature]</u>	DATE <u>9-16-24</u>
HUMAN RESOURCES MANAGER <u>Jamie Kane</u>	DATE <u>9.13.24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Marques Allen		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Utilities	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities # 4	Utilities # 4
☐ JOB	@ \$22.00	@ \$22.66
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Marques Allen	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER James Lane	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME Grant Byrd		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Utilities
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities # 6	Utilities # 6
☐ JOB	@ \$20.00	@ \$21.12
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Grant Byrd	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER [Signature]	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO
NAME Cory Richardson	ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Utilities
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities, PW # 8	PW # 8
☐ JOB	@ \$19.00	@ \$19.57
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Cory Richardson	DATE 9-25-24
SUPERVISOR SIGNATURE R. Z. J.	DATE 9-16-24
HUMAN RESOURCES MANAGER Garnie Fane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO
NAME Daniel Wilson	ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Utilities
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities # 11	Utilities # 11
☐ JOB	@ \$17.00	@ \$17.51
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Daniel Wilson	DATE 9-25-24
SUPERVISOR SIGNATURE K [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie [Signature]	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Elgin Dedeaux		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Utilities	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities # 10	Utilities #10
☐ JOB	@ \$18.00	@ \$18.54
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Em Dedeaux	DATE 9/25/24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Reion Galloway		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Utilities	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities # 7	Utilities # 7
☐ JOB	@ \$19.00	@ \$19.57
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE R. Galloway	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Fane	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO
NAME Stephen Thoms		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Utilities
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities # 2	Utilities # 2
☐ JOB	@ \$ 22.00	@ \$ 22.66
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Stephen Thoms	DATE 9/25/24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9.13.24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Matthew Lacy		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Utilities SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities # 14	Utilities # 14
☐ JOB	@ \$18.00	@ \$18.51
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Matthew Lacy	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER James Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO	
NAME Quentin Conway		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Utilities	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	Utilities #1	Utilities #1
☐ JOB	@ \$21.50	@ \$22.15
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Quentin Conway	DATE 9.25.24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER James Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME Debbie D. Perniciani		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W. SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW # 2	PW # 2
☐ JOB	@ \$20.00	@ \$21.00
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/H 24-25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Debbie Perniciani	DATE 9/24/24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Trane	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Charles L. Matheny		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W. SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW 4	PW 5
☐ JOB	@ \$21.00	@ \$23.00
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/T 24-25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE [Signature]	DATE 9-24-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Hare	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24		EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Jamie McKay		ADDRESS		
PHONE	CITY/STATE/ZIP		DEPARTMENT P.W.	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW # 12	PW # 12
☐ JOB	@ \$ 23.50	@ \$ 24.21
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FN 24-25 payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Jamie McKay	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER James Lane	DATE 9.13.24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24		EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Debra C. Delcuzze		ADDRESS		
PHONE	CITY/STATE/ZIP		DEPARTMENT P.W.	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW #3	PW #3
☐ JOB	@ \$20.00	@ \$21.40
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FH 24-25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE <i>Debra C. Delcuzze</i>	DATE 9-25-24
SUPERVISOR SIGNATURE <i>[Signature]</i>	DATE 9-16-24
HUMAN RESOURCES MANAGER <i>Jamie Lantz</i>	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Wayne J. Holt		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W. SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW # 7	PW # 4
☐ JOB	@ \$20.00	@ \$21.00
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/A 24-25 PAYROLL ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Wayne J. Holt	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Warren R. Hertz		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W.	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW 14	PW 17
☐ JOB	@ \$ 17.00	@ \$ 17.51
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FH 24-25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Warren Hertz	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Bone	DATE 9-13-24



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

Amsterdam®

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME Milton L. Ladner		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W.
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW #19	PW #19
☐ JOB	@ \$19.00	@ \$19.75
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FM 24-25 payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Milton Ladner	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Gault	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME George R. Meeks		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W.	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW # 8	PW # 8
☐ JOB	@ \$18.00	@ \$19.04
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/H 24-25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE George R. Meeks	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamil Frank	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Mitchell J. Swamer		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W.
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW # 13	PW # 13
☐ JOB	@ # 20.00	@ # 20.60
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/H 24-25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE M. Swamer	DATE 9-25-24
SUPERVISOR SIGNATURE K. [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Colin J. Robinson		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W.
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW # 22	PW # 22
☐ JOB	@ \$16.00	@ \$16.48
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/H 24-26 payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Colin Robinson	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER James Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Trenten Wahl		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W.	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW 6	PW 14
☐ JOB	@ \$18.00	@ \$19.00
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FH 24-25 payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Trenten Wahl	DATE 9-16-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Jesse R. Green		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W. SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW # 21	PW # 21
☐ JOB	@ \$16.00	@ \$16.48
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/H 24-25 payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Jesse R. Green	DATE 9-26-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Lawrence	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME Kevin Whitney		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Gen. Bldg, Maint.

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	\$16.00	\$17.00
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Kevin Whitney	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Janice Raul	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Brandon J. Boudreaux		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W. SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW # 20	PW # 20
☐ JOB	@ \$16.00	@ \$16.48
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) FN 24-25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Brandon Boudreaux	DATE 9/25/24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Jessie Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME Christopher K. Rushing		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W.
		SHIFT

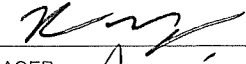
THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW 9	PW 9
☐ JOB	@ \$16.00	@ \$16.48
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FH 24-25 PAYROLL ORDINANCE	

AUTHORIZATION:

EMPLOYEE SIGNATURE 	DATE 9-25-24
SUPERVISOR SIGNATURE 	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Zare	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Khalil T. Bell		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W. SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW # 23	PW # 23
☐ JOB	@ \$15.00	@ \$15.45
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☒ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FN 24-25 PAYROLL ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Khalil Bell	DATE 9/25/24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER Garnig David	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME Jordan P. Dahl		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT P.W.
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW 16	PW 16 7
☐ JOB	@ \$19.00	@ \$20.00
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FH 24-25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Jordan Dahl	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER [Signature]	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24		EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME TREVOR M. Kennedy		ADDRESS		
PHONE	CITY/STATE/ZIP		DEPARTMENT P.W.	SHIFT

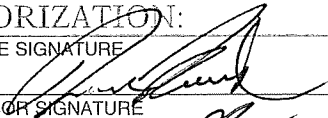
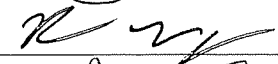
THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW 17	PW 16
☐ JOB	@ \$18.00	@ \$18.54
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FN 24-25 payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE 	DATE 9-25-24
SUPERVISOR SIGNATURE 	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24		EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Aaron J. Williams			ADDRESS	
PHONE	CITY/STATE/ZIP		DEPARTMENT P.W.	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT	PW # 24	PW # 24
☐ JOB	@ \$15.00	@ \$15.45
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FH 24-25 payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Aaron Williams	DATE 9-25-24
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER [Signature]	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME Brandon Anderson		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	12.01	12.52
☐ ADDRESS/PHONE	17.31	17.83
☐ BENEFIT PLAN	ms	ms
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24.25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES MANAGER [Signature]	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Nicholas Proulx		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	14.02 hrs	14.44 hrs
☐ ADDRESS/PHONE	14.32 hrs	14.75 hrs
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9/16/24
HUMAN RESOURCES MANAGER Gamil Zane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Nicholas Everhart		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	15.33	15.79
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES MANAGER [Signature]	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Wayne Hoffmann		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	16.26	16.75
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES MANAGER Jamie Gane	DATE 9.13.24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Justin Woods		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	16.20	16.75
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FLY 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES MANAGER [Signature]	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Elijah Barnes		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	13.00	13.00 13.39 <i>MB</i>
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24, 25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <i>[Signature]</i>	DATE 9.16.24
HUMAN RESOURCES MANAGER <i>James Lane</i>	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO	
NAME Angela England		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	12.60	12.99
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED *
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES MANAGER	DATE 9.13.24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Aaron Warden		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	13.71	14.12
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE [Signature]	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9/16/24
HUMAN RESOURCES MANAGER [Signature]	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Edward Walley		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	12.60	12.98
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) P/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER [Signature]	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Eric Janssen		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	12.60	12.98
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER [Signature]	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Jeffery Decorte		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	13.71	14.12
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R. D. Boy	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Gane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9-16-24</u>	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME <u>Travis Beaugez</u>		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Fire</u>	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	<u>13.71</u>	<u>14.12</u>
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>F/y 24-25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <u>[Signature]</u>	DATE <u>9-16-24</u>
HUMAN RESOURCES MANAGER <u>[Signature]</u>	DATE <u>9-13-24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME River Johnson		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	13.71	14.12
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9/16/24
HUMAN RESOURCES MANAGER Janie Zane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Brandon LaFontaine		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	15.23	15.69
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE [Signature]	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9/16/24
HUMAN RESOURCES MANAGER Gennie Lane	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Jason Chighizola		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	13.71	14.12
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE [Signature]	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9/16/24
HUMAN RESOURCES MANAGER [Signature]	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO	
NAME Kameron Dumornay		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	13.71	14.12
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES MANAGER [Signature]	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Anthony Mallini Sr.		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	12.60	12.98
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES MANAGER Gemile Tame	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Troy Leger		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	13.70	14.12
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES-MANAGER Jamie Franzel	DATE 9.13.24



PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9.16.24</u>	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME <u>Drake Cuevas</u>		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Fire</u>	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	<u>13.71</u>	<u>14.12</u>
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>Fly 24-25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <u>[Signature]</u>	DATE <u>9.16.24</u>
HUMAN RESOURCES MANAGER <u>[Signature]</u>	DATE <u>9.13.24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Allen Sekinger		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	12.60	12.98
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES MANAGER Jennie Gane	DATE 9.17.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Bradley Polk		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	12.60	12.98
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Bradley Polk	DATE 9.16.24
SUPERVISOR SIGNATURE Gennie Lane	DATE 9.13.24
HUMAN RESOURCES MANAGER	DATE



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Anthony Mallini		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	12.60	12.98
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) FLY 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9-16-24
HUMAN RESOURCES MANAGER [Signature]	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Gary Maurice		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	13.71	14.12
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) E/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE [Signature]	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES MANAGER Janine Dane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Jeffrey "Bryce" Garber		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

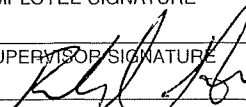
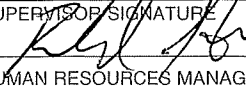
THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	16.80	17.30
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24.25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE 	DATE
SUPERVISOR SIGNATURE 	DATE
HUMAN RESOURCES MANAGER Jamie Dore	DATE 9.13.24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Gary Catalano		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	17.64	18.17
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED*
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9.16.24
HUMAN RESOURCES MANAGER Garnie Darr	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME David Stefano		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	16.80	17.30
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Ronald Huey	DATE 9-16-24
HUMAN RESOURCES MANAGER Gemma Ranc	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Monty Strong		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	74,709	76,950
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Monty Strong	DATE 9-16-24
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Zann	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO 	
NAME Ronald Avery		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	67,002	69,012
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>F/Y 24-25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <i>Marilyn Strong</i>	DATE 9-16-24
HUMAN RESOURCES MANAGER <i>Garnie Ranne</i>	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME John Farve		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Fire	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	17.64	18.17
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Ruth Ann	DATE 9.16.24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO	
NAME Aaron Willis	ADDRESS		
PHONE	CITY/STATE/ZIP	DEPARTMENT Harbor	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	\$15/hr.	\$15.45/hr.
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER		
☐ OTHER		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>F/y 24-25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE <u>Aaron Willis</u>	DATE 9-19-24
SUPERVISOR SIGNATURE <u>Sean Hales</u>	DATE
HUMAN RESOURCES MANAGER <u>Janice Lane</u>	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9.16.24</u>	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME <u>Paul Machael</u>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Harbor</u> SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	<u>\$13/hr</u>	<u>\$13.29/hr</u>
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>Fly 24-25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE <u>Paul Machael</u>	DATE <u>9/20/24</u>
SUPERVISOR SIGNATURE <u>Sean Hales</u>	DATE
HUMAN RESOURCES MANAGER <u>Jamie Rand</u>	DATE <u>9-13-24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME Sandy Reynolds		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Court
		SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	\$21.02	\$21.65
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Sandy Reynolds	DATE 9-16-24
SUPERVISOR SIGNATURE [Signature]	DATE
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO 	
NAME Tammy Brady		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Court	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	\$ 17.61	\$ 18.14
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION

EMPLOYEE SIGNATURE Tammy Brady	DATE 9-16-24
SUPERVISOR SIGNATURE Wanda Reynolds	DATE 9-16-24
HUMAN RESOURCES MANAGER James Hays	DATE 9-13-24



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Elisa Mitchell		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Court	SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	\$18.17	\$18.72
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Elisa Mitchell	DATE 9-16-24
SUPERVISOR SIGNATURE Wanda Reynolds	DATE 9-16-24
HUMAN RESOURCES MANAGER Jamie Dore	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Stephen Maggio		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Court	SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Wanda Reynolds	DATE 9-16-24
HUMAN RESOURCES MANAGER Ginnie Glare	DATE 9.13.24



Rev 3/16 Re-order Form #06320 ©copyright 2022 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO
NAME Push Phillips		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	27.83	28.66
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Rouse	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Scott Armentrout		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	25.20	25.96
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AK	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Dylan Murphy		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	27.83	28.66
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Zane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Joshua Mossey		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	16.95	17.46
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AK	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Law	DATE 9-13-24



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

Amsterdam®

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Ernest Taylor		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	26.25	27.04
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Rowe	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Rachel Jewell		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	29.38	30.26
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKK	DATE 9/16/24
HUMAN RESOURCES MANAGER Janice Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Alvin Kingston		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	34.97	36.02
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE AK	DATE 9/16/24
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO - - - - -
NAME David Wilder		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	22.58	23.26
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24.25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AK	DATE 9/16/24
HUMAN RESOURCES MANAGER Garnie Baul	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Chenea Cardinale		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	18.64	19.57
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKL	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Lawrence	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Corey Stinson		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	24.13	24.87
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN	Longevity 9-16-24	
☐ OTHER _____	Approved	
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKL	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie E. Lane	DATE 9-13-24



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

Amsterdam®

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Jordan Jones		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	22.58	23.26
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKK	DATE 9/16/24
HUMAN RESOURCES MANAGER Gamir Zann	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Dustin Weir		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	25.70	26.47
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24.25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKL	DATE 9/16/24
HUMAN RESOURCES MANAGER James Gane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9.16.24</u>	EMPLOYEE #	SOCIAL SECURITY NO -
NAME <u>David Lovett</u>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Police</u>
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	<u>24.13</u>	<u>24.87</u>
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>F/y 24.25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <u>AKL</u>	DATE <u>9/16/24</u>
HUMAN RESOURCES MANAGER <u>Jamie Zand</u>	DATE <u>9.13.24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Sarah Hampton		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	25.18	25.96
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKL	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Zane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Zechariah Geoffrey		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	24.13	24.87
☐ ADDRESS/PHONE	Longevity 9/1/24	
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKL	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Sarah-Jane Rowley		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	22.58	23.26
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AK2	DATE 9/16/24
HUMAN RESOURCES MANAGER Gamie Dand	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Roy Fullerton		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
SHIFT		

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	23.60	24.34
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ ☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9/16/24
HUMAN RESOURCES MANAGER Garnell Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Andrew Osbourn		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	24.65	25.39
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER		
☐ OTHER		

THE REASON:

☐ HIRED ☐ RE-HIRE ☐ PROMOTION ☐ DEMOTION ☐ TRANSFER ☐ MERIT INCREASE ☐ WAGES ☐ LEAVE CANCELLATION TYPE OF LEAVE ☐ OTHER	Change from Sgt to Detective	PERIOD COMPLETED PERCENT INCREASE EXISTING JOB (DATE) discipline
---	-------------------------------------	---

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Robert Olsen		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	24.65	25.39
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER		
☐ OTHER		

THE REASON FOR

☐ HIRED	6-10-24 through 9-15-24 24.15 - 24.65 150 Longevity 7 Pay Periods	REASON FOR CHANGE
☐ RE-HIRED		
☐ PROMOTION		
☐ DEMOTION		
☐ TRANSFER		
☐ MERIT INCREASE		
☐ WAGE SCALE CHANGE		
☐ LEAVE OF ABSENCE		
TYPE OF LEAVE		
☐ OTHER (Explain) F		

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKL	DATE 9/16/24
HUMAN RESOURCES MANAGER Gaming Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO 	
NAME James Hicks		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	23.08	23.77
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AK	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME HUY Ha		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	23.08	23.77
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____ F/Y 24-25 Payroll Ordinance	
☐ OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKZ	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Stane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Phalga Holmes		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	23.00	23.77
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER		
☐ OTHER		

THE REASON:

☐ HIRED	Should be Bailiff/Patrol	COMPLETED
☐ RE-HIRED		DATE
☐ PROMOTION		DATE
☐ DEMOTION		DATE
☐ TRANSFER		DATE
☐ MERIT INCREASE		DATE
☐ WAGE SCALE CH		DATE
☐ LEAVE OF ABSENCE		DATE
TYPE OF LEAVE		none
☐ OTHER (Explain)		

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AK	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Rame	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Toby Schwartz		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	38.37	39.52
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9-16-24</u>	EMPLOYEE #	SOCIAL SECURITY NO -
NAME <u>Rafael Bailey</u>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Police</u>
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	<u>22.58</u>	<u>23.26</u>
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>F/Y 24.25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <u>AKL</u>	DATE <u>9/16/24</u>
HUMAN RESOURCES MANAGER <u>Jamie Lane</u>	DATE <u>9.13.24</u>



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

Amsterdam®

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Jimmy Pearce		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	23.63	24.34
☐ AI		
☐ BI		
☐ O		
☐ O		

THE

- ☐ T
- ☐ F
- ☐ F
- ☐ E
- ☐ T
- ☐ N
- ☐ V
- ☐ L

**Change from
Detective to
Detective / SO**

ARY PERIOD COMPLETED
SERVICE INCREASE
TION OF EXISTING JOB
IN
T

UNTIL _____ (DATE)

TYP

☐ Ordinance

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AK	DATE 9/16/24
HUMAN RESOURCES MANAGER Garnice Shane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Aaron Jones		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	23.63	24.34
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKK	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Prand	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Noah Cuevas		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	22.58	23.26
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKL	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Dantz	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Dustin Moeller		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	23.63	24.34
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKL	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO	
NAME Joshua Stockstill		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	23.63	24.34
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER		
☐ OTHER		

THE REASON FOR

☐ HIRED	From Officer to Sgt. 9/2/24	TERMINATED
☐ RE-HIRED		E
☐ PROMOTION		JOB
☐ DEMOTION		
☐ TRANSFER		
☐ MERIT INCREASE		
☐ WAGE SCALE CHA		
☐ LEAVE OF ABSENC		(TE)
TYPE OF LEAVE		e
☐ OTHER (Explain)		

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE APR	DATE 9/16/24
HUMAN RESOURCES MANAGER Garnie Lamb	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Robert Griggs		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	22.58	23.26
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO	
NAME Raven Sikes		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	21.50	22.50
☐ ADI		
☐ BEI		Graduated Academy
☐ OT		
☐ OT		

THE

☐ F	Will have graduated Academy. 150 Raise. Once complete training & 1 year prob. will go to \$23.26	ARY PERIOD COMPLETED
☐ F		SERVICE INCREASE
☐ I		ION OF EXISTING JOB
☐		ON
☐		IT
☐		UNTIL _____ (DATE)
☐		roll Ordinance
☐		

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Janice Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Christopher Duhon		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	21.50	22.00
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON:

☐ HIRED	Has not gone to academy. Will get .50 raise to 22.50 once graduated. Will go to 23.26 when completes training & 1 year probation	☐ D COMPLETED
☐ RE-HIRED		☐ INCREASE
☐ PROMOTION		☐ EXISTING JOB
☐ DEMOTION		
☐ TRANSFER		
☐ MERIT INCF		
☐ WAGE SCALE		
☐ LEAVE OF ABSENCE		
TYPE OF LEAVE		(DATE)
☐ OTHER (E: _____)		discipline

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKV	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO
NAME Ricky Lumpkin		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	21.50	22.00
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER		
☐ OTHER		

THE REASON FOR

☐ HIRED	Has not gone to Academy. Will get 150 raise to 22.50 once graduated. Will go to 23.26 when completes training & 1 year probation.	PLEATED
☐ RE-HIRED		SE
☐ PROMOTION		JOB
☐ DEMOTION		
☐ TRANSFER		
☐ MERIT INCREASE		
☐ WAGE SCALE CHANGE		
☐ LEAVE OF ABSENCE		ATE)
TYPE OF LEAVE		
☐ OTHER (Explain)		E

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKK	DATE 9
HUMAN RESOURCES MANAGER	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Phi Pham		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Police	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	22.50	23.26
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKL	DATE 9/16/24
HUMAN RESOURCES MANAGER Jamie Dore	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Colin Ladner		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Police
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	22.50	23.26
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE AKZ	DATE 9/16/24
HUMAN RESOURCES MANAGER Jimmie Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Julie Draper		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Harbor
		SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	\$16/hr	\$16.48/hr
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Julie Draper	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Gamie Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO
NAME Stephen Forstall	ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Harbor
		SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	\$16.00/hr.	\$16.48/hr.
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER		
☐ OTHER		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE *Steve Forstall	DATE 9/16/24
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Darrin LeBlanc		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Harbor
		SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	\$15/hr	\$15.45/hr.
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Darrin LeBlanc	DATE 9/16/24
SUPERVISOR SIGNATURE Yasmine Lane	DATE 9/13/24
HUMAN RESOURCES MANAGER	



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -
NAME Derek White		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT Harbor SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	\$16/hr	\$16.48/hr
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE Derek White	DATE 9-17-24
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Ginnie Jones	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Duane Caughlin		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Harbor	SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	\$22.93/hr.	\$24.93/hr.
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24.25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE 	DATE 9-17-24
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9.16.24</u>	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME <u>Michael Reso</u>		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Admin.</u>	SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>Fly 24.25 Payroll Ordinance</u>	
<u>\$97,650 / yr</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE <u>MOR</u>	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER <u>Gamil J. Lopez</u>	DATE <u>9.13.24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9.16.24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Sissy Gonzales		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Admin.	SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24.25 Payroll Ordinance	
\$ 81,026 / yr	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <i>[Signature]</i>	DATE
HUMAN RESOURCES MANAGER <i>Gamie Bare</i>	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9-16-24</u>	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME <u>Michael Favre</u>		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Admin.</u>	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>Fly 24-25 Payroll Ordinance</u>	
<u>\$80,376 / yr</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <u>[Signature]</u>	DATE
HUMAN RESOURCES MANAGER <u>Jamie Zand</u>	DATE <u>9-13-24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9.16.24</u>	EMPLOYEE #	SOCIAL SECURITY NO - -
NAME <u>Dana Feuerstein</u>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Admin.</u> SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>FLY 24-25 Payroll Ordinance</u>	
<u>\$25.09/hr</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER <u>Jamie Gave</u>	DATE <u>9.13.24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9-16-24</u>	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME <u>Jamie Favre</u>		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Admin.</u>	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>F/Y 24-25 Payroll Ordinance</u>	
<u>\$ 23.40 / hr</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER <u>Jamie Favre</u>	DATE <u>9-13-24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9-16-24</u>	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME <u>Katie Stewart</u>		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Admin.</u>	SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>F/y 24-25 Payroll Ordinance</u>	
<u>\$ 22.22 / hr.</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER <u>[Signature]</u>	DATE <u>9.13.24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO	
NAME Charlene Black		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Admin.	SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	
\$ 17.04 / hr	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER mm Garnie Trave	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9-16-24</u>	EMPLOYEE #	SOCIAL SECURITY NO
NAME <u>Kimberly Fore</u>	ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Admin.</u>
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>Fly 24-25 Payroll Ordinance</u>	
<u>\$19.85/hr</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <u>[Signature]</u>	DATE
HUMAN RESOURCES MANAGER <u>Jamie Gansel</u>	DATE <u>9-13-24</u>



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO -	
NAME Rickey Ladner		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Building	SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	28.85	29.72
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER		
☐ OTHER		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE [Signature]	DATE 9/13/24
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER Jamie Darr	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO - -	
NAME Jeremy Burke		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Building	SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	52,236	53,810
☐ ADDRESS/PHONE		25
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/Y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE [Signature]	DATE 7/13/2024
SUPERVISOR SIGNATURE [Signature]	DATE 9-13-24
HUMAN RESOURCES MANAGER Gamiro Lane	DATE 9-13-24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE <u>9-16-24</u>	EMPLOYEE #	SOCIAL SECURITY NO -
NAME <u>Frank Owen</u>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>Building</u>
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB	<u>19.25</u>	<u>20.00</u>
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		<u>MA</u>
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) <u>F/y 24-25 Payroll Ordinance</u>	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <u>[Signature]</u>	DATE <u>9-13-24</u>
HUMAN RESOURCES MANAGER <u>Jamie Lane</u>	DATE <u>9-13-24</u>



PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO
NAME Drew Boxx	ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Building
		SHIFT

THE CHANGE(S):

☒ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB INSPECTOR	22.00	23.25
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER		
☐ OTHER		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) F/y 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9-13-24
HUMAN RESOURCES MANAGER [Signature]	DATE 9.13.24



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

Amsterdam

PAYROLL CHANGE NOTICE

DATE OF CHANGE 9-16-24	EMPLOYEE #	SOCIAL SECURITY NO
NAME Ann Dauphin	ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT Building
		SHIFT

THE CHANGE(S):

All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB	19.31	19.89
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		MA
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE
☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
☐ OTHER (Explain) Fly 24-25 Payroll Ordinance	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [Signature]	DATE 9-13-24
HUMAN RESOURCES MANAGER Jamie Dore	DATE 9.13.24



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

Amsterdam