

SCHOOL YEAR 2019-2020 Payroll Change Form – Date _____

Employee: _____ Empl. ID# _____ SS# _____

Position: _____ Pay Step: _____

<p>SALARY INFORMATION: Base Salary: _____ Above Base: _____ Masters/Related Field: _____ Stipends: _____ _____ # of Days: _____ Total Salary: _____ Daily Rate: _____ Monthly Rate: _____ Fund Code(s): _____ _____</p>	<p>NEW HIRE INFORMATION: Replaced: _____ Job Title: _____ _____ Yrs. State Exp. Basic Contract Days Degree Start Date: _____ Fund Code(s): _____ _____</p>
<p>RE-ASSIGN/TRANSFER STAFF: FROM Job Title: _____ Replacing: _____ Effective Date: _____ Salary Adj. Yes _____ No _____ Salary Adj. # _____</p>	<p>TO Job Title: _____ Campus: _____ Reason: _____ Fund Code(S): _____ _____</p>
<p>SALARY ADJUSTMENT/STIPENDS One-Time Pay: \$ _____ Extra-Duty Pay: \$ _____ # Pays: _____ @ \$ _____ Effective Date: _____ Reason: _____ Fund Code(s): _____ _____</p>	<p>Non Professional Personnel Work Schedule Arrival Time: _____ Departure Time: _____</p>
<p>Comments:</p>	<p>Comments:</p>

	SIGNATURE/DATE
Superintendent	
Assistant Superintendent	
Business Manager	
Principal	
Director	
Employee	