

PAYROLL CHANGE NOTICE
(RATE, CONTRACT, SEPARATION, OTHER CHANGES)

FILE NUMBER: _____	SOCIAL SECURITY NUMBER: _____
LAST NAME: _____	FIRST NAME: _____
HOME LOCATION: _____	
START CHANGE - PAYROLL PAY DATE: _____	
OLD SALARY/PER HOUR RATE: _____	
PAY INCREASE: NEW SALARY/HOURLY RATE: _____	ANNUAL RATE: _____
STANDARD BI-WEEKLY HOURS (i.e. Fluctuating,10,20,30,40,60,80,etc.) _____	

Schools: Please attach contract

Reasons for Payroll Change:

MERIT	CERTIFICATION	PROMOTION	CHANGE IN RESPONSIBILITIES
<input type="checkbox"/> JOB TITLE CHANGE _____			
<input type="checkbox"/> ONE TIME SPECIAL PAY _____ PLEASE EXPLAIN: _____			
<input type="checkbox"/> OTHER _____			
<input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> SICK <input type="checkbox"/> FMLA <input type="checkbox"/> MILITARY PAID: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> TRANSFER TO LOCATION: _____			
<input type="checkbox"/> MARITAL NAME CHANGE: _____			
<input type="checkbox"/> ADDRESS CHANGE _____			
CITY: _____ STATE: _____ ZIP: _____			
(IF NAME CHANGE, PLEASE ATTACH COPY OF SOCIAL SECURITY CARD)			
<input type="checkbox"/> CHANGE WITHHOLDING RATE (COMPLETE NEW W-4, A-4, FORMS MUST BE ATTACHED)			
<input type="checkbox"/> NOT ELIGIBLE FOR BENEFITS <input type="checkbox"/> ELIGIBLE FOR BENEFITS			
CHANGE INSURANCE DEDUCTION (ATTACH MEDICAL - DENTAL-- OTHER INSURANCE FORMS)			

Separation from Employment

LAST DATE WORKED: _____	LAST CHECK DATE (TEACHERS) _____
REASON FOR SEPARATION: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RETIRED	
<input type="checkbox"/> OTHER - GIVE DETAILS (ATTACH DOCUMENTATION)	

Authorized Approval: _____ Date _____
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