

## PAYROLL CHANGE FORM

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

Please List 5 Digit Employee ID # or SSN: \_\_\_\_\_

School/Facility: \_\_\_\_\_

Please check or put an **X** beside items to be changed:

☐ Name change (must attach a copy of new SS card or a copy of letter from SS office that shows new name and states that new card application has been made)

Change From: (Previous Name) \_\_\_\_\_

Change To: (New Name) \_\_\_\_\_

☐ Address Change\*\* \_\_\_\_\_

☐ Phone #\*\* \_\_\_\_\_

\*\*You may also e-mail the address or phone # change to the Payroll Department at

[hallcoboepayroll@hallco.org](mailto:hallcoboepayroll@hallco.org).

☐ Dues\*: Name of Organization: \_\_\_\_\_

Begin Payroll Deduction: \_\_\_\_\_

Stop Payroll Deduction: \_\_\_\_\_

\*If beginning, please make sure you have completed the required paperwork with the organization; contact your building rep or the organization,(PAGE, GAE, CEA), for information.

☐ Other: \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### FOR SCHOOL USE ONLY

**SPECIFIC INFORMATION:** \_\_\_\_\_

☐ Please Circle One:    Resignation    Retirement    Termination

Name: \_\_\_\_\_

ID# \_\_\_\_\_

Last day of work: \_\_\_\_\_

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CLEARED PERSONNEL**

DATE: \_\_\_\_\_

INITIALS: \_\_\_\_\_