

Millard County Payroll Change Notice

Employee Name:	
Eligible Date:	Effective Date: (1 st day of pay period following anniversary date)

TYPE OF CHANGE(S):

<input checked="" type="checkbox"/> All applicable Boxes	From	To
<input type="checkbox"/> Budget Account		
<input type="checkbox"/> Position Title		
<input type="checkbox"/> Step & Grade	_____, _____	_____, _____
<input type="checkbox"/> Rate		
<input type="checkbox"/> Other _____		

REASON FOR CHANGE(S):

<input type="checkbox"/> Hired	<input type="checkbox"/> Orientation Period Completed
<input type="checkbox"/> Re-Hired	<input type="checkbox"/> Merit/Longevity Increase
<input type="checkbox"/> Discharge	<input type="checkbox"/> Re-Evaluation of Existing Job
<input type="checkbox"/> Demotion	<input type="checkbox"/> Resignation
<input type="checkbox"/> Transfer	<input type="checkbox"/> Retirement
<input type="checkbox"/> Layoff	<input type="checkbox"/> Promotion
<input type="checkbox"/> Leave of Absence From _____ until _____	
<input type="checkbox"/> Other (explain) _____	

AUTHORIZATION: (2 Commissioner signatures REQUIRED except for terminations and regularly scheduled step increases)

Satisfactory Evaluation - Completed <input type="checkbox"/> File Location _____	
Elected Official/Dept Head:	Date
Commissioner	Date
Commissioner	Date
<i>HR Review</i>	<input type="checkbox"/> Date

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