



**PAYROLL CHANGE NOTICE**

To: USMC Payroll

From: \_\_\_\_\_ (Department)

Re: \_\_\_\_\_ (Employee Name)

**Please enter the following changes in your records:**

	FROM	TO	Effective Date
<input type="checkbox"/> Pay Rate	_____	_____	_____
<input type="checkbox"/> Standard Hours	_____	_____	_____
<input type="checkbox"/> Employee Type (PT/FT/contract)	_____	_____	_____
<input type="checkbox"/> Name	_____	_____	_____
<input type="checkbox"/> Charge Account No.	_____	_____	_____
<input type="checkbox"/> Contract end date:	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

Reason for change:

\_\_\_\_\_

Department Authorization \_\_\_\_\_ Date \_\_\_\_\_

For Payroll use only:		
Employee ID: _____	Entered into ADP? _____	Copy to HR? _____
Bursar's Office Approval _____		Date _____