

**PAYROLL CHANGES REQUEST  
OFFICE USE ONLY**

For (Employee name): \_\_\_\_\_ ID No. \_\_\_\_\_

Type of change:

- Hourly Pay Rate: \$ \_\_\_\_\_ (from \$ \_\_\_\_\_)
- Bi-weekly Salary Increase: \$ \_\_\_\_\_
- Bi-weekly Salary reduction: \$ \_\_\_\_\_
- From Part-time to Full-Time
- From Full-Time to Part-Time
- From Temporary to Regular Part-Time
- From Temporary to Regular Full-Time
- Parsonage Rent
- COLA
- Travel
- Separation:  Retirement  Voluntary  Termination  Transferred to: \_\_\_\_\_

Pastors Only

New Church District: \_\_\_\_\_  
No. of Churches in District: \_\_\_\_\_

Teachers Only

- 10 Month Contract
- 12 Month Contract

Effective date of change: \_\_\_\_\_  
School/Church/Department to Charge: \_\_\_\_\_  
If charges should be split, % for each department: \_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_  
 I hereby certify that I am a Departmental Director/HR Staff/Treasury Staff

**FOR TREASURY USE ONLY**

- Approved                       Denied                       ADCOM/Exe Com/Educ Exe Vote needed

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Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_