



PAYROLL / PERSONNEL TRANSACTION FORM

EMPLOYEE NAME: _____ DATE SUBMITTED: _____

TITLE: _____ ENTITY / DEPARTMENT: _____

Date Hired: _____ Last Compensation Change: Date: _____ Rate From: _____ To: _____

EFFECTIVE DATE OF CHANGE (Either 1st or 16th of Month) :

<u> </u> COMPENSATION CHANGE (ANNUALIZED)	FROM:	TO:	% OF CHANGE:
HOURLY RATE	_____	_____	_____
SALARY	_____	_____	_____
POTENTIAL BONUS	_____	_____	_____
OTHER:	_____	_____	_____
OTHER:	_____	_____	_____
PROJECTED TOTAL:	=====	=====	=====
DRAW AGAINST COMM.	_____	_____	_____
COMMISSION POTENTIAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

 JOB FUNCTION CHANGE _____

 TITLE CHANGE _____

STATUS: _____ EXEMPT _____ NON-EXEMPT (Overtime Pay)

_____ FULL TIME _____ PART TIME _____ SEASONAL

TYPE: _____ MERIT _____ PROMOTION _____ OTHER

COMMENTS:

ESTIMATED DATE OF NEXT REVIEW _____

APPROVAL: _____
MANAGER: _____ DATE: _____

DIVISION MANAGER: _____ DATE: _____