



Sandusky County Payroll Action Notice



Date: _____ Department: _____

Employee Name: _____ SSN _____ Date of Birth: _____

Address: _____

Check mark type of changes submitting:

- | | | | | | |
|--------------------------------------|--|---|--|---|--|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Rehired | <input type="checkbox"/> Transfer | <input type="checkbox"/> Retirement | <input type="checkbox"/> Promotion | <input type="checkbox"/> Position Change |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Layoff | <input type="checkbox"/> Suspension | <input type="checkbox"/> Demotion | <input type="checkbox"/> Name Change |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Status Change | <input type="checkbox"/> Merit Increase | <input type="checkbox"/> G/L Account Change | <input type="checkbox"/> Address Change | |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Rate Change | <input type="checkbox"/> Probation Completed | <input type="checkbox"/> Re-evaluation of job duties | | |
| <input type="checkbox"/> Hourly | <input type="checkbox"/> Salary | <input type="checkbox"/> Other (Please Explain) _____ | | | |

Report all Changes in the box below:

| From | To | Effective date |
|------|----|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

All payroll changes are due before noon on the Thursday before the payroll end date.

Department Head Signature: _____

Date _____