

WHATCOM COUNTY

District Payroll Change Form

Employee Name	First	Middle	Last
Employee Number	District		

Complete both Change & Reason for Change Sections

Change (s)

Changes (s)	Change From	Change To	Effective Date
District (Fund/Cost Center)			/ /
Salary or Hourly Rate			/ /
Name/ Address			/ /
W-4 Status/exemptions Additional Withholding			/ /
Worker's Comp Code			/ /
Deduction:			/ /
Other (Explain):			/ /
Other (Explain):			/ /

Reason for Change(s)

<input type="checkbox"/> Salary Adjustment	<input type="checkbox"/> New Hire
<input type="checkbox"/> Benefits/Deductions	<input type="checkbox"/> Rehire
<input type="checkbox"/> Other	<input type="checkbox"/> Temporary/Extra Help
	<input type="checkbox"/> Termination

Comments:

Prepared by:	Date:	Approved by:
	Phone:	Input by: