



# WHATCOM COUNTY

## District Payroll Change Form

Employee Name - First	Middle	Last
Employee Number	District	

**Complete both Change & Reason for Change Sections**

Change(s)	Code	Change From	Code	Change to	Effective Date
District (Fund/Cost Center)					
Salary or Hourly Rate <input type="checkbox"/> Salary <input type="checkbox"/> Hourly					
Position Status - Regular/Extra help					
Name/Address					
W-4 Status/Exemptions Signed, updated W4 attached? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Additional Withholding					
Worker's Comp Code					
Benefits:					
Deduction:					
Other (Explain):					
Other (Explain):					

Reason for Change(s)	
<input type="checkbox"/> Fund/Cost Center Change <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Benefits <input type="checkbox"/> Deductions <input type="checkbox"/> W-4 Status and withholding amounts <input type="checkbox"/> Other: _____	<input type="checkbox"/> Termination <input type="checkbox"/> Salary <input type="checkbox"/> Hourly Last day worked: _____ Last Paycheck date: _____ Termination date: _____

Comments:

Prepared by:	Date:	Commissioner Approval:	Date:
	Phone:	Commissioner Approval:	Date:
Input By:	Date:	Commissioner Approval:	Date: