

TEACH PUBLIC SCHOOLS

Employee Payroll Change Form

Prior Name:

New Name:

Copy of SS card & DL

Effective Date

Resignation

Termination

Leave

Other Change

New Address

Compensation Information:

Check One:

Certificated

Classified

Position

Employee Type:

Full-time

Part-time

Pay Type

Salaried

Hourly

Per pay period Salary OR Hourly Rate

Annual Salary

Payroll Deductions:

Deduction Type:

Pre-Tax (per pay period):

Post-Tax (per pay period):

New PERS Enrollment:

N/A

FSA Dependent

FSA Health

New STRS Enrollment:

N/A

Deduction Notes:

Other Deduction:

Other Notes: