

PAYROLL CHANGE NOTICE

DATE OF CHANGE <i>5-20-19</i>	EMPLOYEE #	SOCIAL SECURITY NO
NAME <i>Kenneth Storey</i>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <i>D/W</i>
		SHIFT

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>14.00</i>	<i>14.50</i>
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____	<i>M.A. 3-29-19</i>	
<input type="checkbox"/> OTHER _____		<i>AK</i>

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE <i>Kenneth Storey</i>	DATE
SUPERVISOR SIGNATURE <i>Kim [Signature]</i>	DATE <i>3-29-19</i>
HUMAN RESOURCES MANAGER <i>Jamie [Signature]</i>	DATE <i>4-15-19</i>

PAYROLL CHANGE NOTICE

DATE OF CHANGE <i>5-20-19</i>	EMPLOYEE #	SOCIAL SECURITY NO			
NAME <i>Jamie McCay</i>		ADDRESS			
PHONE	CITY/STATE/ZIP		DEPARTMENT <i>PL</i>	SHIFT	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		<i>216</i>
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>18.25</i>	<i>19.00</i>
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		<i>216</i>
<input type="checkbox"/> OTHER _____	<i>ML</i>	<i>5-6-19</i>
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input checked="" type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <i>[Signature]</i>	DATE <i>5-6-19</i>
HUMAN RESOURCES MANAGER <i>Jamie E. Fave</i>	DATE <i>5-13-19</i>

PAYROLL CHANGE NOTICE

DATE OF CHANGE 5-20-19	EMPLOYEE #	SOCIAL SECURITY NO
NAME George Meek		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT PLW
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	12.50	12.50 13.00
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____	M.A.	3-29-19
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE George Meek	DATE
SUPERVISOR SIGNATURE Kim [Signature]	DATE 3-29-19
HUMAN RESOURCES MANAGER Jamie [Signature]	DATE 4-15-19

PAYROLL CHANGE NOTICE

DATE OF CHANGE 5-20-19	EMPLOYEE #	SOCIAL SECURITY NO
NAME Quinten Conway	ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT 2112
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	16.00	16.50
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		SA16

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE Quinten Conway	DATE 3-29-19
SUPERVISOR SIGNATURE Kevin [Signature]	DATE 3-29-19
HUMAN RESOURCES MANAGER Jamie Darr	DATE 4-15-19

PAYROLL CHANGE NOTICE

DATE OF CHANGE <i>5-20-19</i>	EMPLOYEE #	SOCIAL SECURITY NO
NAME <i>Louie Crowell</i>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <i>SW</i>
		SHIFT

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>13.25</i>	<i>14.00</i>
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		<i>DBB</i>
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <i>[Signature]</i>	DATE <i>3-29-19</i>
HUMAN RESOURCES MANAGER <i>Jamie Fawcett</i>	DATE <i>4-15-19</i>



PAYROLL CHANGE NOTICE

DATE OF CHANGE <i>5-20-19</i>	EMPLOYEE #	SOCIAL SECURITY NO
NAME <i>Matthew Jacy</i>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <i>HR</i>
		SHIFT

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>11.00</i>	11.00 <i>11.50</i>
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____	<i>M/J - 32919</i>	<i>216</i>
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE <i>Matthew Jacy</i>	DATE
SUPERVISOR SIGNATURE <i>Kim [Signature]</i>	DATE <i>3-29-19</i>
HUMAN RESOURCES MANAGER <i>Jamie [Signature]</i>	DATE <i>4-15-19</i>

PAYROLL CHANGE NOTICE

DATE OF CHANGE <i>5-20-19</i>	EMPLOYEE #	SOCIAL SECURITY NO
NAME <i>Joey Nguyen</i>		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT <i>D/W</i>
		SHIFT

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>13.25</i>	<i>14.00</i>
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____		<i>SA</i>
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE <i>Joey Nguyen</i>	DATE
SUPERVISOR SIGNATURE <i>[Signature]</i>	DATE <i>3-29-19</i>
HUMAN RESOURCES MANAGER <i>Jamie Ferrer</i>	DATE <i>4-15-19</i>

PAYROLL CHANGE NOTICE

DATE OF CHANGE 5-20-19	EMPLOYEE #	SOCIAL SECURITY NO
NAME HENRI SAVCIER		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT UTIL
		SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	21.25	21.75
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____	M/S	329-19
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE <i>Henri Savcier</i>	DATE
SUPERVISOR SIGNATURE <i>Kim Jones</i>	DATE 3-29-19
HUMAN RESOURCES MANAGER <i>Janice Jantz</i>	DATE 4-15-19

PAYROLL CHANGE NOTICE

DATE OF CHANGE 5-20-19	EMPLOYEE #	SOCIAL SECURITY NO
NAME Thomas McPherson		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT UTIL
		SHIFT

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	13.72	14.33 14.28
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____	M.A.	AKB
<input type="checkbox"/> OTHER _____	3-29-19	

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
TYPE OF LEAVE _____	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE Thomas McPherson	DATE
SUPERVISOR SIGNATURE Kevin [Signature]	DATE 3-29-19
HUMAN RESOURCES MANAGER James [Signature]	DATE 4-15-19