

CITY OF NORTH LITTLE ROCK PAYROLL MAINTENANCE DOCUMENT

***NEW HIRE DOCUMENT?**

*** CHANGE DOCUMENT?**

Current Date: _____ Pay Period Ending Date: _____

Employee #: _____ Clocking/Badge ID: _____ Dept. #: _____ Location: _____

Employee Transfer? **Yes** **No** **TO Dept. #:** _____ **TO Location:** _____

Last Name: _____ Home Phone: _____ Mobile (Cell#): _____

First name: _____ Initial: _____ Marital Status: _____ I-9: _____ **New Hire?** **Yes**____ **No**____

Address: _____ Email: _____

City: _____ State: _____ Position/Job Description: _____

Zip: _____ Sex: _____ Race: _____ Position Code: _____ Part-Time/Full-Time _____

SSN: _____ Uniform/Non-Uniform: _____ Grade: _____ Step: _____

Emergency Contact: _____ Relationship: _____ Contact Phone#: _____

Tax Code Fed.: _____ Fed. Dep.: _____ Deduction Description (**Indicate Deduction Change Y/N**) Amount

Addl. Fed. Code: _____ Addl. Amt.: _____ _____

Tax Code State: _____ State Dep.: _____ _____

Addl. State. Code: _____ Addl. Amt.: _____ _____

Date of Hire: _____ _____

Date of Birth: _____ _____

Promotion Date: _____ **Raise:** _____ _____

Anniversary Date: _____ **Raise:** _____ _____

Longevity Date: _____ **Raise:** _____ _____

Pay Rate\$ _____ PLUS Longevity\$ _____ EQUALS Total Pay\$ _____

Shift Differential: \$ _____ **Shift:** _____ **Additional Diff.:** _____ **Supervisory Pay:** _____

Resigned/Retired: _____ Effective Date: _____ Terminations Termination Date: _____

Notes: _____ Vacation Pay \$ _____

Notes: _____ Sick Leave Pay \$ _____

Notes: _____ Other Pay \$ _____

Notes: _____ Total Buy Out Pay \$ _____

Additional Comments: _____

Recommended by: _____ Date: _____

Approved by: _____ Date: _____

(MUST BE SIGNED BY DEPARTMENT HEAD FOR NEW HIRES, RAISES, PROMOTIONS, BACK PAY OR OTHER MONETARY CHANGES)

HR: _____ Date: _____