

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: _____

HR: _____ Date: _____