

# City of Rochester, NH Payroll Status Form

EMP # \_\_\_\_\_ NAME: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

EFFECTIVE DATE OF CHANGE \_\_\_\_\_

NAME CHANGE\* \_\_\_\_\_

ADDRESS CHANGE\*\* \_\_\_\_\_

CHANGE	FROM	TO	PR/HR USE ONLY
DEPARTMENT			
POSITION TITLE			
BI-WEEKLY HOURS			
PAY GRADE & STEP			
HOURLY RATE <u>OR</u> ANNUAL SALARY			
ORG/OBJ <u>OR</u> ALLOCATION			

### REASON FOR CHANGE

- |                                    |   |                                      |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> HIRED     | <input type="checkbox"/> PROMOTED       | <input type="checkbox"/> RETIRED     |
| <input type="checkbox"/> TRANSFER  | <input type="checkbox"/> MERIT INCREASE | <input type="checkbox"/> RESIGNATION |
| <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> UNION CONTRACT | <input type="checkbox"/> OTHER       |

EXPLANATION \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Department Head

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Human Resource Manager

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
City Manager or designee

\* Please attached copy of new social security card.  
 \*\* NHRS change form also needed for full-time employees.