



WHATCOM COUNTY

District Payroll Change Form

Employee Name - First		Middle	Last
Employee Number	District		

Complete both Change & Reason for Change Sections

Change(s)	Code	Change From	Code	Change to	Effective Date
District (Fund/Cost Center)					
Salary or Hourly Rate					
Salary Hourly					
Position Status - Regular/Extra help					
Name/Address					
W-4 Status/Exemptions Signed, updated W4 attached?					
Yes No					
Additional Withholding					
Worker's Comp Code					
Benefits:					
Deduction:					
Other (Explain):					
Other (Explain):					

Reason for Change(s)											
<input type="checkbox"/> Fund/Cost Center Change <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Benefits <input type="checkbox"/> Deductions <input type="checkbox"/> W-4 Status and withholding amounts <input type="checkbox"/> Other: 	<input type="checkbox"/> Termination <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="text-align: right;">Salary</td> <td style="width: 100px; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">Hourly</td> <td style="width: 100px; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">Last day worked</td> <td style="width: 100px; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">Last Paycheck date</td> <td style="width: 100px; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">Termination date</td> <td style="width: 100px; height: 20px;"></td> </tr> </table>	Salary		Hourly		Last day worked		Last Paycheck date		Termination date	
Salary											
Hourly											
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Termination date											

Comments:

Prepared by:	Date:	Commissioner Approval:	Date:
	Phone:	Commissioner Approval:	Date:
Input By:	Date:	Commissioner Approval:	Date: