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Payroll Change Sheet

City of Rexburg

CITY OF REXBURG
America's Family Community

Employee Information

Name _____ Date Hired _____
Department _____ Position _____

Starting Monthly Salary _____ Grade _____ ☐ Exempt
Starting Hourly Wage _____ Step _____ ☐ Non Exempt

Salary Changes

Merit/Certifications

Current Grade _____ New Grade _____
Current Step / Salary _____ / _____
New Step / Salary _____ / _____

Lump Sums

Next Step Amount _____
Less: Current Step Amount _____
Amount Paid _____

Reason for Raise:

_____
_____

Effective Date _____
Next Step Raise Date _____
Following Raise Date _____

Wage Changes

Current Hourly Rate _____
New Hourly Rate _____
Effective Date _____

Reason for Raise:

_____
_____

Salary and Wage Change Authorizations

_____ *Department Head* _____ *Mayor* _____ *CFO*

Check Computation

Reg. Hours _____×_____=_____ Salary _____×_____=_____
OT Hours _____×_____=_____ Other _____×_____=_____
Vacation _____×_____=_____ Other _____×_____=_____

Total Gross _____

Deductions

Health Insurance _____ Dental Insurance _____
Retirement _____ Other _____

Payroll Advance

Amount _____ Date Needed _____ _____ *Department Head*

Initiated By: ☐ Employee ☐ Payroll Dept.

Payback: ☐ Next Check ☐ Other: _____

Other Explanations or Changes

I, _____, authorize the City of Rexburg to deduct _____
for _____
_____

Signed _____ Date _____