

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

PAYROLL CHANGE NOTICE

**FORM 19
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Department: _____

Employee Number: _____

Address: _____

Employee Name: _____

New Rate: (Choose one) — All Rate Changes Must be Explained Below:

Hourly: _____ (# of hours/pay period) _____

Daily: _____ Biweekly: _____

Reason for Increase/Decrease: _____

From Full-Time to Reg/Per Part-Time _____

From Full-Time to Temp/Intermit Part-Time _____

From Part-Time to Full-Time _____

Change in Fund/Dept Acct to be Paid from:

From Fund: _____ to Fund: _____

From Dept: _____ to Dept: _____ (include sub-dept)

From Acct: _____ to Acct: _____

***This Change will Affect P.E.R.S. and/or S/T/R/S Account: _____

Other: _____

Effective Date: _____

Dept. Head: _____ Date: _____

Authorized Signature(s): _____

