

Employee Hourly Rate and Work Status Change Form

EMPLOYEE'S GENERAL INFORMATION

Employee Number: _____ Department: _____
Last Name: _____ First: _____ MI: _____
Effective Date: _____ Effective CHECK DATE: _____
Action Code: _____ Reason/Auth. Code: _____

HOURLY PAY RATE CHANGE

Current Hourly Pay Rate: _____ New Hourly Pay Rate: _____

Is the employee receiving retro pay (over prior pay periods) as a result of this rate change? Yes No

*If YES you **MUST** attach supporting documentation. Acceptable documentation examples: 1) Copy of Board Minutes stating employee is receiving a retroactive raise, the effective date and the meeting date. 2) State of Ohio documentation referencing effective date of increase along with date stamped when department received documentation NOTICE: A retroactive pay raise (over prior pay periods) may subject the employer to interest and penalties with OPERS.*

CHANGE IN WEEKLY HOURS WORKED

Old Number of Hours Worked Biweekly: _____ New Number of Hours Worked Biweekly: _____
Work Status: (please circle one) Full-Time OR Part-Time

CHANGE IN JOB

If you need more space for allocation percentages, please attach a separate sheet.

Old Job Class Code: _____ New Job Class Code: _____
Position Number: _____ Position Number: _____
Old Org/Obj/Proj%: _____ New Org/Obj/Proj%: _____
Old Org/Obj/Proj%: _____ New Org/Obj/Proj%: _____
Old OPERS code: _____ New OPERS code: _____

Benefits Follow Salary

Old Location: _____ New Location: _____
Old Work/Check Location: _____ New Work/Check Location: _____
Old Supervisor: _____ New Supervisor: _____

CERTIFICATION

Department Head (or designee) Signature: _____ Date: _____

For Auditor's Office Use Only

Deputy Auditor Initials: _____ Date recorded in system: _____