

# 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 # (if applicable): \_\_\_\_\_ Position # (if applicable): \_\_\_\_\_  
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: \_\_\_\_\_