

**EMPLOYEE MASTER PAYROLL SHEET**

REV 03/2020

<b>NEW EMPLOYEE</b> ←	<b>NAME OF DEPARTMENT</b>					<b>DEPARTMENT #</b>	
<b>NAME OR ADDRESS CHANGE</b> ←	<b>NAME OF EMPLOYEE (FIRST, MIDDLE INITIAL, LAST)</b>					<b>EMPLOYEE #</b>	
<b>RATE CHANGE</b> ←	<b>EFFECTIVE DATE</b>		<b>GENDER</b>	<b>ORG &amp; OBJ #</b>			
<b>REGULAR ORG/OBJ CHANGE</b> ←	<b>PAY PERIOD</b>		<b>SICK TIME TO ACCRUE</b>		<b>SICK TIME ACCRUAL RATE</b>		
	<input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY		<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>TRANSFER DEPT</b> ←	<b>TRANSFER LOCATION FROM</b>	<b>TRANSFER LOCATION TO</b>	<b>BARGAINING UNIT</b>	<b>GRADE</b>	<b>STEP</b>	<b>JOB CLASS</b>	
<b>TERMINATE</b>	<b>ADDRESS: NUMBER &amp; STREET NAME</b>						<b>(APARTMENT # IF APPLICABLE)</b>
<b>OTHER</b> ←							
<b>DATE OF BIRTH</b>		<b>CITY</b>			<b>STATE</b>	<b>ZIP CODE</b>	
<b>PHONE NUMBER (HOME/CELL)</b>		<b>EMAIL ADDRESS</b>					
<b>SOCIAL SECURITY NUMBER</b>		<b>TITLE</b>					
<b>HOURLY RATE</b>		<input type="checkbox"/> FULL TIME  <input type="checkbox"/> PART TIME	<b>ACTUAL MARITAL STATUS</b>		<b>RECURRING EARNINGS</b>	<b>Y/N</b>	<b>BIWEEKLY # OF HOURS</b>
\$							
<b>ADDITIONAL ADDRESS</b>					<b>100 REGULAR</b>		
					<b>200 OVERTIME</b>		
<b>ADDITIONAL COMMENTS/INFORMATION/EXPLANATION OF RATES</b>			<b>MANDATORY DEDUCTIONS</b>		<b>301 POL/FIRE HOLIDAY</b>		
			<b>OBRA 7.5%</b>		<b>302 HOLIDAY</b>		
			<b>MEDICARE</b>		<b>400 VACATION</b>		
			<b>MUNICIPAL RETIREMENT</b>		<b>500 SICK</b>		
			<b>TEACHER RETIREMENT</b>		<b>505 PERSONAL</b>		
					<b>450 COMP EARNED</b>		
					<b>451 COMP USED</b>		
					<b>631 SHFT DIFF RATE REQUIRED</b>		
					<b>633 ADDL BASE \$20 (FOR 10 YRS)</b>		
					<b>634 ADDL BASE HOURLY</b>		

INITIATING DEPT   
INITIALS & DATE

AUDITNG DEPT   
INITIALS & DATE

TREASURER OFFICE   
INITIALS & DATE